

SOLANO COUNTY CHILDREN AND FAMILIES COMMISSION



STRATEGIC PLAN

A COMMITMENT TO OUR YOUNGEST CHILDREN

Revised and Adopted January 8, 2002



January 8, 2002

2300 Boynton Avenue
Suite 204
Fairfield, CA 94533
Telephone 707/435-2965
Fax 707/435-2964
email:
cfcsolano@solanocounty.com

COMMISSIONERS

Chairperson:
Ellen R. Blaufarb

Nancy Calvo
Laura R. Fowler
Rev. Willie Graham
Barbara Kondylis
Lisa A. Luke Lee
Maureen McSweeney
Elaine Norinsky

Staff

Paul M. Crissey
Executive Director

Louis Souza-Fuentes
Venis Jones Boyd
Julie Pascual
Staff Support



Dear Residents and Service Providers,

As I begin my tenure as the chair of the Solano County Children and Families Commission, I invite you to review the Strategic Plan. I am hopeful that you will be encouraged by the focus of the Plan and that it indeed reflects the many meetings with members of the community. We, on the Commission, come from various professional occupations ranging from early childhood educator, health service provider to county service provider. Our charge is to increase the quantity and quality of services for children (ages prenatal to five years old) and their families. We must honor the direction of Proposition 10 in developing the focus of the California Children and Families Commission while responding to the structure of Solano County.

In our first phase of funding, we let the applicants throughout our county tell us what they were ready to do for this age group. With an effort not to supplant existing programs, we funded appropriate mini-grant, planning, capital, and direct service applicants. We made a difference for these collaborations and projects. Please note in this document all the funded programs.

In our first phase, we also supported the CARES Initiative and are in the process of applying for inclusion in the School Readiness Initiative.

How can we be sure we are making the kind of difference we hope to make for our children and their families? CS&O is a data collection and evaluation firm that is working with eleven county commissions beside Solano County. Our contract with them will allow us to gather assessment data to objectively evaluate funded programs.

What we hope for in future funding cycles is to continue to reflect the needs of Solano County, use the relevant data collected and guide the work in the areas of child care, prenatal services, and family support.

We intend to be a presence in Solano County that supports our underserved "at risk" population. We intend to let everyone know what we are about. We need you to pass the word that help is coming in many exciting packages.

Sincerely,

Ellen R. Blaufarb, Chair
Solano County Children and Families Commission

Table of Contents

	Page Number
Vision, Mission, Core Values, Priority Areas	
Implementing Proposition 10 in Solano County	1
Priorities of the Commission	
Family Support	2
Child Care and Early Childhood Education	3
Health and Well-Being	4
Funding Strategies for Fiscal Year 2001-2002	5
Evaluation	8
Attachments:	
A. Brief History	A-1
B. Community Input	B-1
C. Indicators and Strategies	C-1
D. Programs Funded During Fiscal Year 2000-2001	D-1
E. Demographic Data	E-1



SOLANO COUNTY CHILDREN AND FAMILIES COMMISSION

Vision Statement

All Solano County children are loved, healthy, confident, eager to learn, nurtured by their families, caregivers and the community, and enter school ready to learn.

Mission Statement

The Solano Children and Families Commission is dedicated to promoting, supporting, and improving early childhood development by creating, fostering, and partnering with community resources and programs that support healthy and safe children, families, and community.

Core Values

We in Solano County believe that:

- *Solano County is a great place to raise children, with communities that work together.*
- *A community that values its children enhances the lives of all its residents.*
- *All pregnant women, children ages 0 – 5 and their families will thrive in safe, nurturing environments.*
- *All children need positive attachments to adults and family.*
- *Creative, emotional, social, cognitive, and physical development are the key components essential to healthy children becoming successful adults*
- *A healthy community honors and respects the diversity, strength and uniqueness of individuals and families.*
- *A healthy community needs a continuum of care for its children and families that include wellness, prevention and intervention services.*
- *Services for children and families must be strength-based, families focused, and outcomes-based and promote integration rather than fragmentation.*

Adopted June 20, 2000 by the Solano County Children and Families Commission.

Implementing Proposition 10 in Solano County

Proposition 10, passed by the voters of California in 1998 and affirmed by them in 1999, is a commitment to the state's youngest children and their families. It focuses specifically on children prenatal to five years of age and their families, providing unique, substantive funding responsive to their greatest needs, as determined locally, county by county, from Alpine to Solano to Los Angeles.

This Strategic Plan is the Solano County Children and Families Commission's work plan for implementing Proposition 10 in our county. The initial Strategic Plan was produced with the input of hundreds of concerned citizens and specialized committees. This version has been updated to reflect the work already begun by the Commission, its current thinking and commitments, and its vision for the future.

Some of the projects and services funded through Proposition 10 will help children to be born healthy and safe by initiating and expanding effective prenatal care. Children will be helped to grow up healthy and safe through the creation of responsive, interrelated programs that address their individual needs and a supportive environment for their families. Help will be given to children to enter school ready to learn by recognizing and encouraging those services and projects that promote early childhood brain development.

Incorporated into all the Commission's efforts are two overarching principles: school readiness and positive systems change.

School Readiness, in its simplest definition, declares that all children experience healthy childhood development in supportive, nurturing environments that support their physical, emotional, social and cognitive development and resulting in children who are learning and ready for school. Within this framework, all of the efforts of the Solano County Children and Families Commission lead to school readiness.

Positive systems change means that the investment of Proposition 10 resources is done in a manner that promotes positive change and the delivery of quality services, improves integration and reduces fragmentation, encourages collaboration and increases access to services while reducing duplication, and promotes "outside the box" thinking. The Commission is dedicated to positive systems change through creative and bold investments, true collaboration, visionary thinking grounded in reality, and pragmatic implementation of problem solving strategies developed with involvement by people and organizations representing the diverse population of this county. The Commission pledges continued and increased efforts at helping to create an integrated, inclusive and effective system of services responsive to the needs of young children and their families.

Priorities of the Commission

Proposition 10 defined the primary areas for funding to be Parent Education and Family Support, Child Care and Early Childhood Education, and Health and Well-Being. Within Solano County, the Commission has more tightly defined its focus in each of these areas.

Families of children ages 0 to 5 are connected to family-friendly support systems that are coordinated and neighborhood based, with an emphasis on children at risk.

Families have access to an expanded quantity of high quality childcare.

Families have access and are connected to prenatal care.

- A. Families of children ages 0 to 5 are connected to family-friendly support systems that are coordinated and neighborhood based, with an emphasis on children at risk.**

This commitment to effective support for families of young children reflects the Commission's belief that systems of services must be designed to connect people to each other within a community, drawing on people's strengths at the same time that they address specific issues of need. It also recognizes the need to foster an inclusive and responsive system of well-connected service providers that includes traditional and non-traditional sources of support.

This system must provide special (but not exclusive) attention to the needs of children at risk. According to *Solano County Welfare Services*, recent years have shown an average of 4700 reports per year of suspected child abuse or neglect. For the year 2000, there were 5,188 children brought to the attention of *Child Protective Services*. The statistics show that over one third of these reports fall under the category of physical abuse, with approximately 25% of the reports being connected to issues of neglect. These statistics indicate the seriousness of child abuse and neglect in Solano County, further emphasized by the number of children from the County who are in the foster care system. The foster care rate in Solano County was 4.1 per 1000 children in 2000, equaling 490 children. Risk factors like drug and alcohol use, isolation, community violence and poverty must be recognized, measured and addressed so that fewer children are born to parents unable to provide for their basic needs and raised in homes, neighborhoods and communities that hinder their development and threaten their well-being. The Commission believes that investments in effective family support help to bring out the best in families and benefits their children and communities, reducing the need for more expensive intervention services in the future.

B. Families have access to an expanded quantity of high quality childcare.

The Commission took special note of recent developments in early childhood brain development research in making this commitment to increasing quality childcare. We know that continued exposure to consistent, nurturing, interactive care giving by parents and others providing primary care leads to healthy brain development. Inconsistent or negative interactions inhibit that development.

The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively can be developed or reinforced in high quality childcare and early childhood education settings.

The need for more quality childcare is critical in Solano County; where over 55% of all children prenatal to five have either two working parents or are raised by a single, working parent. Finding quality childcare in Solano County has been a difficult endeavor for families as the availability of licensed childcare facilities is increasingly falling below the needs within our community. According to the *Children's Network 2000 Report Card*, there are an estimated 21,852 children under the age of five whom at one time or another may need childcare. There are an additional 33,504 children up to the age of thirteen whose families are in the same situation. With only 13,748 licensed childcare slots within Solano County, the community and the Children and Families Commission are faced with a significant challenge.

The Commission is dedicated to improving the quantity of quality care by encouraging and supporting: increased levels of provider training, low child to adult ratios, the stabilization of staff, staffing and programs which are linguistically and culturally appropriate, safe and stimulating environments, and developmentally appropriate activities.

The Commission has adopted the following definition of "at risk".

A child who is described as "at risk" is one who has significantly higher than average chance of bad outcomes in his/her life including: severe disabilities, serious emotional disturbance, school drop out, arrested development, involvement with the juvenile justice system, homelessness, and/or death. Environmental factors which have been correlated with bad outcomes for children include: poverty, abuse and neglect, low birth weight, single parent families, cultural barriers, parents/caretakers who have substance abuse problems, and/or parents/caretakers with persistent mental illness.

Usually the younger the child, the higher the "risk" involved and the more serious the effects of the environmental factors. At risk conditions, which lead to bad outcomes for children, can be long term or short term and can be reduced with strategic interventions.

Agreed upon September 28, 2001

C. Families have access and are connected to prenatal care.

The Commission's commitment to healthy beginnings for children is expressed in a major focus on improving the rates of women accessing effective prenatal care. We know that children who are healthy in mind, body and spirit grow up confident in their ability to live a fulfilling, productive life. Research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments.

This focus on prenatal care is largely in response to troubling statistics about the number of pregnant women in Solano County who receive prenatal care early in their pregnancies. According to the *Maternal, Infant, and Child Health Branch* of the *California Department of Health Services*, the rates for women in Solano County seeking prenatal care within the first trimester of their pregnancy have significantly decreased over the past several years. In 1996, 72.5% of all mothers sought out and received prenatal care during their first trimester. In the year 2000, the rate had fallen to 57.9%. Many factors impact this problem. Prenatal care must be accessible, affordable, and culturally appropriate. At the same time, pregnant women must be educated about the importance of prenatal care so that they take advantage of the care that is available. A part of this education is the understanding of the negative effects of drugs, alcohol, and smoking (both first-hand and second-hand) on fetal development. Equally important is the need for informed positive behavior involving bonding activities, nutrition, and connectedness to information and support.

The Commission has chosen to improve the access rates and quality of prenatal care in Solano County through its investments and partnerships as the primary expression of its commitment to children being born healthy.



Funding Strategies for Fiscal Year 2001-02

The Children and Families Commission functions in many capacities. It is an agent for change and a voice of advocacy for young children prenatal to five and their families. It is a promoter of collaboration and positive systems development. It embraces research and outcomes evaluation. The Commission must be visionary, yet it must be well-grounded in reality. The Commission is a planning body, a bridge-builder, and an active member of the community.

The Commission aims to fulfill its mission and achieve its vision by funding services and projects. This is the way the Commission invests in the lives of our youngest children and their families.

The Commission has adopted a financial strategy that allows allocation of up to \$4,500,000 each year to selected services and projects. The additional funds received through the distribution of Proposition 10 to Solano County are split between supporting the operational costs of the Commission and being deposited in a restricted account in the County Treasury that guarantees the long-term viability of the Commission.

During the 2000-2001 fiscal year, the first year of funding, the Commission allocated \$4,345,053 through 109 contracts with organizations eager to become partners in achieving the Commission's stated outcome priorities. These were done primarily through Requests for Proposals for Mini-Grants, Planning Grants, Capital Grants and Direct Service Grants. Funding strategies allowed equal allocation among three prioritized outcome areas: families of children prenatal to five years of age are connected to family-friendly support systems that are coordinated and neighborhood based, with an emphasis on children at risk; families have access to an expanded quantity of high quality childcare; and families have access and are connected to prenatal care.

During the 2001-2002 fiscal year, the Commission plans to once again allocate funds equally among its three prioritized outcome areas, while also improving positive systems change. Decisions about how to best distribute funds will be made by the full Commission based on strategies recommended by the Prenatal Task Force, Child Care Task Force, and School Readiness Task Force. Each Task Force will consider all the methods of funding used during the first year of allocations and will recommend those that are judged most likely to achieve the Commission's prioritized outcome areas defined in the Commission's Strategic Plan for 2001-2002.

Funding decisions will be impacted by commitments that were already made to direct service programs funded for more than one year. These commitments will have the following impact:

Direct Service Programs Commitment

	Family Support	Increase Quantity of Quality Childcare	Prenatal Access and Utilization
	2001-2002	2001-2002	2001-2002
TOTAL FUNDS COMMITTED	\$1,147,998	\$689,685	\$0
Child Haven/ Children's Network	\$804,141	\$0	\$0
Napa/Solano Head Start	0	\$189,000	\$0
Youth and Family Services	\$343,857	0	\$0
C.A.R.E.S.	0	\$500,685	\$0
FUNDS STILL AVAILABLE	\$352,002	\$810,315	\$1,500,000
TOTAL FUNDS AVAILABLE	\$1,500,000	\$1,500,000	\$1,500,000

Total funds available to be allocated = \$4.5 million

Major Commitments:

The Commission has endorsed the **CARES Initiative (*Compensation and Retention Encourage Stability*)** and is committed to ongoing funding in its second year in the amount of \$500,685. This Initiative provides stipends to childcare providers who get training to enhance their skills. Effective, consistent caregivers enhance early childhood brain development, just as less skilled and less consistent care giving is damaging to young children. The development of a childcare workforce that is compensated adequately enough to encourage its staying on the job while improving its overall skills is the aim of this Initiative.

The **School Readiness Initiative**, created by the California Children and Families Commission, provides resources aimed at creating an integrated system of services to those communities whose children feed into currently low-achieving elementary schools. A coordinated matrix of services, combined with a community capacity building philosophy aimed at building from the neighborhood level up, are the primary features of this Initiative. The Solano Commission is committed to this Initiative, which will impact many of the most at-risk families in the county. Development of a plan that meets the State Commission's guidelines will mean an influx of \$480,000 a year for at least four years plus a designated match from the Commission's funds. Implementation of the Initiative is expected to begin near the end of the 2001 – 2002 fiscal year. The funds from the State Commission are not included in the \$4,500,000 annual allocation designated in the Solano Commission's long-term funding strategy.

The Commission has made a 3-year commitment through June 30, 2004 to fund the **Integrated Family Support Initiative** for over \$800,000 per year. This family support project provides services to isolated, at-risk families with children ages 0 to 5. The primary strategy for reaching these families is through home visits aimed at meeting individual needs and linking families with one another. It draws on family and community strengths supported by formal social services. The Integrated Family Support Initiative is a project of Child Haven and The Children's Network, working with seventeen other organizations, including the county network of family resource centers and Solano Health and Social Services Department.

The following guiding principles for funding were adopted by the Commission:

- Promotes systems change, reduces fragmentation, and encourages collaboration.
- Increases user-friendly family services.
- Is culturally, linguistically, age and developmentally appropriate.
- Incorporates family support as an integral component to all efforts, infusing it into the broad range of social supports for young children and their families.
- Promotes early literacy.
- Promotes awareness of early brain development and its connection to optimal development of young children.
- Incorporates grassroots community involvement.
- Promotes prevention and/or early intervention.
- Incorporates tobacco/secondhand smoke and other drug cessation messages.
- Responds to needs of all children, including those who have special needs.
- Promotes "out of the box" thinking and use of innovative and effective ideas.
- Has the ability to coordinate services to reduce duplication, fragmentation, and gaps in the service-delivery system.
- Makes early childhood development services accessible to all children living in Solano County, regardless of income, nationality, language preference, geographic location, or special needs.
- Has the opportunity to leverage or match County Commission revenue with other private, local, state or federal funding streams.
- Is based on program effectiveness demonstrated by data on positive child and family outcomes, proven theories and existing expertise.

Evaluation

The Children and Families Commission will implement a plan to evaluate outcomes achieved by funded agencies and organizations. This plan will be implemented with the understanding that the evaluation process will take into account guidelines established by the State Children and Families Commission as soon as they are available. This will make Solano County data and evaluations consistent with those of other counties, enabling us to evaluate the impact of Proposition 10 both locally and statewide. Commission staff will work with local data coordination efforts to help establish baseline data for Solano County. Individually funded projects will be expected to provide data on outcome achievement relative to specifically funded results as a part of their operation and will be asked to include an amount in their budget for evaluation to assure compliance with this requirement.

The Children and Families Commission has agreed to contract with CS&O (Corporation for Standards and Outcomes), for the collection and analysis of data from funded projects, as a piece of the evaluation process. Specifically, CS&O will be implementing a core set of data elements that will be collected on each child/family served with the Commission funds. All grantees providing direct services would be responsible to report this core set of information that will be useful to identify trends that are relevant to the Commission's overarching goals.



Attachment A

Brief History

Attachment A

A BRIEF HISTORY

In November of 1998, the voters of California approved Proposition 10 on the ballot, the Children and Families First Initiative. This Proposition imposes a surcharge on the sale of tobacco products, with the funds collected by the State. The State then distributes these funds, with 20% going to the California Children and Families Commission and the remaining 80% going to the 58 counties. These county allocations are designed to support the work of local County Commissions, with the amount of funds based on the number of live births in the county.

All these funds are earmarked for programs and services aimed at improving the lives of ***children prenatal to five years of age and their families***. This Proposition generated approximately \$700 million statewide during its first full year of operation. Solano County's allocation during fiscal year 1998 - 99 was \$3,000,000 and for fiscal year 1999 - 2000, the first full year, was \$5,500,000. It is estimated that these revenues are likely to decrease steadily over time as people reduce their use of tobacco products or find sources for these products that do not generate California sales tax revenues.

The Solano County Children and Families Commission was established by an ordinance passed by the Solano County Board of Supervisors on June 8, 1999. The ordinance defined the number of Commissioners as nine, the maximum allowed under Proposition 10, which mandates that local Commissions include a member of the Board of Supervisors and two representatives of the County Health and Social Services Departments. Control over the disbursement of these funds rests in the hands of the Solano County Children and Families Commission. Original members of the Solano Commission were:

District 1:	Elaine Norinsky
District 2:	Ellen Blaufarb
District 3:	Lisa Luke Lee
District 4:	Steven Chun, MD
District 5:	Maureen McSweeney
At large:	Willie Graham, Rev.
Board of Supervisors:	Barbara Kondylis
Health and Social Services:	Laura Fowler Nancy Calvo

The Commission has three Committees, which generally meet monthly. They are:

Internal Systems Committee:	Oversees administrative and personnel matters
Program Committee:	Oversees programmatic issues
School Readiness Committee:	Oversees the implementation of the School Readiness Initiative

Priority Results

The following criteria were used to develop the priority results in each of the focus areas:

- Results are measurable data that are available or can be collected as part of this process.
- Promotes system change and delivery of quality services, improving integration and reducing fragmentation, encouraging collaboration and improving access to services while reducing duplication.
- Promotes prevention and early intervention.
- Investment has the potential to make a difference.
- Impacts those at greatest need or greatest risk.

In its initial planning stage, the Commission, through the involvement of many people on its Strategic Planning Committee and various subcommittees, ultimately identified 10 prioritized outcomes to help guide its funding. These outcomes, in no particular order, are:

- Parents of children prenatal to five with substance abuse problems (legal and illegal drugs, alcohol or tobacco) become successfully involved in effective prevention, treatment/recovery programs.
- All children are born healthy.
- Families will have increased access to high quality early childhood care and education services.
- All children ages 0 – 5 have easy access to health care services.
- Families have easily accessible, culturally and socially appropriate parent education and support so that parents have the ability to support their child's development and well-being.
- The quality of early childhood care and education services is increased in order to promote optimal child development and school readiness.
- All teen parents have the skills and supports to raise their children and become self-sufficient.
- The early childhood care and education system has increased capacity to provide access to comprehensive support services to meet individual needs of children and their families.
- All children ages 0 – 5 stay healthy.
- Every family in Solano County is connected to family-friendly support systems which are coordinated and neighborhood based.

Attachment B

Community Input

Attachment B

COMMUNITY INPUT

This attachment details the results of the conversations with and feedback from almost 2,700 community residents, two-thirds of whom were parents of children 0–5, and provides an analysis of relevant publicly available data collected specifically for the strategic planning process. The following pages review information from community residents, the place of residence and ethnicity of those residents participating in the process, a summary of the key issues raised, and summary of specific feedback received. Following the section on community involvement is a review of demographic data that has been instrumental to both the Strategic Planning Committee and the Commission in establishing the goals of Proposition 10 in Solano County. Wherever possible, linkages between the community involvement feedback and the demographic data have been made.

Community involvement was solicited through a variety of methods. The results of the parent, kindergarten, and early childhood educator surveys and of the community meetings are described in depth here.

The Commission sought to reach as representative a group as possible of the diversity of the county. As can be seen in Table 1, whereas 15% of the county population is Latino, 22% of the surveys were completed in Spanish.

Table 1
Parent Surveys

Total Parent Surveys	2,210	
English Surveys	1,727	78%
Spanish Surveys	483	22%

A. What Did We Learn from the Community?

The community involvement provided substantial direction to the Strategic Planning Committee and its constituent subcommittees in drafting desired results for children. A summary of the feedback follows, according to the specific subcommittees of Health and Well-Being, Parent Education and Family Support, and Child Care and Early Childhood Education.

1. Health and Well Being

What The Commission Asked the Community

Community members were asked to identify their top health concerns and parents were asked to identify needs not currently met.

Kindergarten teachers and **early childhood educators** were asked to identify major concerns they hear from parents.

Parents, kindergarten teachers and early childhood educators were asked to identify priorities for new and expanded services.

Quality, Affordable, Accessible Health Care. Across all avenues of community involvement, quality, affordable, and accessible health care was mentioned most often as the top health concern. Many of the survey participants identified easier access to health care services as a priority for new and expanded services. More Spanish speaking parents identified health needs not currently met.

Summary of Findings Related to Health

The following issues were also identified in priority order:

- **Prevention, Health Education and Proper Nutrition.** The need for prevention, ongoing health education, and proper nutrition were the second most often mentioned health concerns by participants in the community meetings.
- **Environmental Health.** Environmental health was the third most often mentioned health concern in the community meetings.
- **Prenatal and Infant Care.** Access to prenatal and infant care and more aggressive care for teenage mothers were identified as top health needs by participants in the community meetings. Many of the parents surveyed identified more prenatal care as a priority for new and expanded services.
- **Immunizations.** More resources for immunizations were among the top health needs identified by participants in the community meetings.
- **Affordable, Accessible Dental Care.** Dental services were identified as a top need by 17% of the parents surveyed and was identified as a health concern in the community meetings.
- **Mental Health Care.** Healthy mental development of children, early intervention for behavior problems and counseling services were identified as health concerns in the community meetings. Help with family anger management was identified as a need by the survey respondents.

- **Safe Environment for Parents and Children.** Children's safety was identified as a health concern in the community meetings, while survey participants identified more car seats, bike helmets and safety programs as a priority for new and expanded services.
- **Substance Abuse.** Substance abuse treatment and intervention for teens and pregnant mothers was identified as a health concern during the community meetings and in the surveys.

Table 2
Priorities in Health Identified by Surveys

	Parents		Kindergarten	ECE Providers
	English	Spanish		
Easier access to health care services	12%	17%	11%	14%
Help with family anger/violence	6%	8%	6%	11%
More resources for alcohol/drug abuse	3%	8%	2%	4%
More car seats, bike helmets, safety programs	6%	6%	1%	4%
More prenatal care	4%	5%		3%

2. Child Care and Early Childhood Education

What The Commission Asked the Community

Community members were asked what they needed for their children to be eager and ready to learn at school. **Kindergarten teachers** were asked to identify their major concerns about children's readiness to learn.

Kindergarten teachers, early childhood educators and **parents** were asked to identify opportunities for better preparing children for kindergarten. **Early childhood providers** and **kindergarten teachers** were asked to identify key topics parents have expressed interest in.

Early childhood providers were asked about additional assistance they need to better serve children and their families.

Parents, kindergarten teachers and **early childhood providers** were asked to identify priorities for new and expanded services to better prepare the children for kindergarten.

Quality, Affordable, Accessible, Child Care and Early Education Programs. All community participants voiced the need for quality, accessible, and affordable child care and early education services. They were identified as the top need by 35% of the parents surveyed and were mentioned most often in the community meetings. Again, as can be seen below, Spanish-speaking parents more often identified needs that were not being met for child care and library access.

Summary of Findings Related to Child Care And Early Childhood Education

The following issues were also identified in priority order:

- **Quality Teachers and Child Care Providers.** Quality teachers and child care providers were identified as important to preparing children for kindergarten. Community members stressed the need for adequate pay for providers to foster competent and qualified teachers who have a desire and love for teaching all children.
- **Family Literacy Programs.** More time to read to my child/children was identified as an opportunity to prepare students for kindergarten by 26% of English and 23% of Spanish speaking parents, 29% of the kindergarten teachers and 18% of the early childhood providers. Kindergarten teachers and early childhood providers identified more free books and reading programs as an opportunity to prepare students for kindergarten. Kindergarten teachers further identified more literacy programs as a priority for new and expanded services.
- **More Educational Tools** were identified by 21% of the English-speaking parents and 12% of the Spanish-speaking parents as important to preparing children for kindergarten. Community members identified programs and activities that focus on teaching basic educational skills.

Table 3
Opportunities to Prepare Children for Early Education

	Parents		Kindergarten	ECE Providers
	English	Spanish		
More time to read to child	26%	23%	29%	18%
More free books and reading programs	17%	19%	15%	20%
Parent ESL classes	3%	16%	7%	6%
More books in other languages	3%	11%	3%	6%
More educational tools for children	21%	12%	NA	NA

Kindergarten teachers ranked their concerns about children's readiness to learn. A quarter of them identified attention first, followed by working in groups and ability to separate from their parents or caregiver.

Table 4
Major Concerns About Children's Readiness to Learn
(Kindergarten Teachers Only)

	Percent of Responses
Pay attention in the classroom	25%
Work well in small groups	20%
Can separate from their parents/caretakers	17%
Ability to empathize with peers	11%
They know their letters	11%
They know their numbers	10%

When early childhood educators were asked what assistance they needed to improve services, training in behavior management and curriculum enrichment were their top priorities. They also stated that peer support would be useful.

Table 5
Suggestions for Additional Assistance for Improving Services in Child Care and Early Childhood Education (ECE Providers only)

	Percent of Responses
Training on behavior management	17%
Curriculum/enrichment materials	17%
Peer support with other EC educators	14%
Information on community resources	13%
Training in family support principles	12%
More information in child development	11%
Consultations with Social Services/Health professionals	8%
Translation services	7%

Table 6
Priorities for New and Expanded Services in Child Care and Early Childhood Education

	Parents		Kindergarten	ECE Providers
	English	Spanish		
More affordable child care	23%	20%	13%	20%
More preparation for kindergarten	NA	NA	19%	NA
More literacy programs	NA	NA	15%	NA

3. Family Support

What The Commission Asked the Community

Community members were asked what help they need to make life better for their child/children.

Family Support. Participants in the community involvement process articulated strong needs for parent education and family support. Parent education and support was most often mentioned as a need for making life better for children in the community meetings. Specifically mentioned were parenting classes as an opportunity to prepare students for kindergarten, more help for parents in understanding the school system, and ESL classes for Spanish speaking parents. Almost a third of parents identified family support services as a priority for new and expanded services. English speaking parents more than Spanish speaking parents identified needs in this area, as can be seen below, except for accessibility of parks.

Summary of Findings Related to Family Support

The following issues were also identified in priority order:

- **Access and Coordination of Information and Resources.** The need for information and coordination of resources was among the top needs mentioned by community members to help make life better for all children.
- **Affordable Housing.** Affordable housing in safe neighborhoods and improving the housing conditions for families was identified as a need in the community meetings.
- **Transportation.** Community members identified the lack of transportation as a need in the county to access health care services, child care and to get to work.
- **Jobs, Job Training and Flexible Work Hours.** Community members identified jobs and job training as a top concern for making life better for their children.
- **Recreation Facilities and Programs.** A quarter of the English parents and 11% of the Spanish parents identified recreational programs as a need that is currently not available.

Table 7
Key Issues Regarding Family Support Identified in Surveys

	Parents		Kindergarten	ECE Providers
	English	Spanish		
Parenting classes			19%	22%
Preparing for kindergarten			22%	20%
More help for parents to understand the school system	10%	14%	16%	18%
More time off work to visit my child	10%	5 %		
About parenting resources			7%	10%
Family support services			5%	10%
Access to basic needs (e.g. food, housing)			5%	8%
Community resources			3%	6%

Table 8
Priorities for Family Support Identified in Surveys

	Parents		Kindergarten	ECE Providers
	English	Spanish		
More classes/groups for parents	11%	12%	15%	13%
More recreational programs	14%	6%	3%	7%
Transportation	8%	8%		8%
Family support services	11%	9%	12%	15%

Table 9
Needs Not Currently Met for Family Support Identified in Surveys

	English	Spanish
Recreational programs	25%	11%
Flexible work hours	17%	7%
Parks	11%	14%
Supportive boss	9%	4%

Table 10
Priority Results and Supporting Public and Community Data

Priority Result	Public Data	Community Input
Parents of children prenatal to five with substance abuse problems (legal and illegal drugs, alcohol or tobacco) become successfully involved in effective prevention, treatment/recovery programs.	<ul style="list-style-type: none"> ➤ According to 1993 California Tobacco Survey data, 9.4% of California women who are pregnant are active smokers. ➤ In Solano County, approximately 19% of the Perinatal Outreach and Education program's pregnant clients were exposed to environmental tobacco smoke, according to Fiscal Year 98/99 data. ➤ California data for 1993 show that 21.2% of pregnant nonsmokers are exposed to ETS. ➤ Smoking during pregnancy triples the risk of SIDS (Journal of Family Practice 40:385-394, 1995). In Solano County in 1999 there were 9 SIDS cases. An informal investigation of these cases revealed that there was someone in the household who smoked. In 2000 alone, there have been 3 cases. In each case, the mother, the father or both smoked. At this time, it is unclear whether the mother was smoking during pregnancy. 	<ul style="list-style-type: none"> ➤ The need for substance abuse treatment for parents was raised in the parent, early childhood educator and kindergarten surveys
All children are born healthy.	<ul style="list-style-type: none"> ➤ Over the past four years, the percentage of women receiving prenatal care in the first trimester has held steady, although it has decreased somewhat for African American and Pacific Islander women. Latinos and African Americans are less likely than other groups to receive prenatal care in the first trimester. The county has not yet reached the Healthy People 2000 objective that 90% of pregnant women receive first trimester prenatal care. ➤ In 1997, 5.9% of the county's babies were low birth weight (less than 2,500 grams, or 5.5 pounds, at birth). The Healthy People 2000 objective is that fewer than 5% of babies be low birth weight. Babies of very low birth weight (less than 1,500 grams) are especially fragile. In 1997, there were 120 babies (1%) who were very low birth weight, of a total of 10,050 births. 	<ul style="list-style-type: none"> ➤ Access to prenatal and infant care and more aggressive care for teenage mothers were identified as top health needs by participants in the community meetings.

Priority Result	Public Data	Community Input
All children are born healthy.	<ul style="list-style-type: none"> ➤ The infant mortality rate in Solano County has fluctuated over between 1995 and 1997, and has reached the Healthy People 2000 objective of no more than 7 deaths per 1,000 births for the overall population, with the exception of 1996. ➤ African Americans have higher risk of low birth weight babies, although the rate decreased from 10% in 1995 to 9% in 1997. ➤ The infant mortality rate for African Americans is traditionally much higher than that for other ethnic groups, although it declined from 9.7 in 1995 to 8.2 in 1997. ➤ Both ETS exposure of pregnant nonsmokers and active smoking of pregnant women are independent risk factors for low birth weight. 	
Families will have increased access to high quality early childhood care and education services.	<ul style="list-style-type: none"> ➤ In 1999, there were 8,700 slots in licensed child care facilities for children prenatal to five, while there were 21,852 children needing care. There were 2.5 times more children needing care than slots available in licensed facilities. ➤ A total of 1,304 government-subsidized child care slots are available for low-income parents, through Head Start, State preschools, State-subsidized child care centers, and voucher programs, which allow parents to choose their child care provider. While the number of children eligible for these subsidies is not known, it is known 11,112 children 0 – 5 live in low income families, defined as incomes below \$30,000, so that at least 9,800 children eligible for subsidies wait for slots. ➤ The need for child care for is estimated based on the 55% of children 0 – 5 with working parents. Of the 35,730 children age prenatal to five, an estimated 21,852 need child care. ➤ The county has more than 700 Head Start spaces and another 656 spaces in accredited State preschools, as well as new spaces funded by recent State allocations. 	<ul style="list-style-type: none"> ➤ The need for quality, accessible, and affordable child care was raised by 35% parents in surveys and was raised most often in community meetings. Early childhood educators and kindergarten teachers also raised this issue in their surveys.
All children 0 – 5 have access to health care.	<ul style="list-style-type: none"> ➤ There are no reliable figures for the number of uninsured children age 0 through 5 in Solano County. The UCLA Center for Health Policy Research did an in-depth analysis for the State prior to the implementation of Healthy Families. This study estimates that that 10% of the county's children are without insurance, or 3,573 children prenatal to five. This rate is lower than California (17%) and the country as a whole (14%). 	<ul style="list-style-type: none"> ➤ Quality, affordable, and accessible health care was most often mentioned as the top health concern by participants in the community meetings and was identified as a top need by 351 (19%) of the parents surveyed.

Priority Result	Public Data	Community Input
All children 0 – 5 have access to health care.	<ul style="list-style-type: none"> ➤ In July 1998, the Solano Kids Insurance Program (SKIP) was established through the Solano Coalition for Better Health (SCBH) in partnership with the Solano Health Improvement Initiative (SHII) Program to recruit and enroll uninsured children and children with share-of-cost Medi-Cal into Healthy Families. Mirroring a statewide trend, local enrollment in the program through SKIP is slowly increasing as extensive outreach strategies are implemented. It is estimated that 35,000 children from 0 – 18 in the county are eligible for Healthy Families, only 1,153 of whom were enrolled in Healthy Families and 226 in Medi-Cal by May 1999, only 4% of those eligible. 	<ul style="list-style-type: none"> ➤ Among the survey respondents, 730 (36%) of the parents, 14% of the Early Childhood Providers and 11% of the Kindergarten Teachers identified easier access to health care services as a priority for new and expanded services.
Families have easily accessible, culturally and socially appropriate parent education and support so that parents have the ability to support their child's development and well-being.	<ul style="list-style-type: none"> ➤ Children who are Limited English Proficient are often in need of special educational support because they come from low-income families with low literacy rates. The five major languages spoken in Solano County are English (88.4%), Spanish (8.2%), Tagalog (1%), Vietnamese (0.8%), and Lao (0.7%) (California Department of Health Services, 1999). ➤ Nine percent of the county's children are classified by the schools as Limited English Proficient (LEP), lower than the State average of 24%. ➤ As of April 1999, a total of 6,283 children were receiving special education through the Solano County Office of Education's Special Education Local Plan Area (SELPA). Of those, 74 were ages 0 – 2, and 329 were ages 3 – 4. The children identified at this early age are generally those with obvious disabilities, such as Down's Syndrome, cerebral palsy, blindness, deafness, and autism. 	<ul style="list-style-type: none"> ➤ Parent education and support was most often mentioned as a need for making life better for children in the community meetings. Specifically mentioned were parenting classes, more help for parents in understanding the school system, and ESL classes for Spanish speaking parents. ➤ Almost a third of parents identified family support services as a priority for new and expanded services. English speaking parents more than Spanish speaking parents identified needs in this area.
The quality of early childhood care and education services is increased in order to promote optimal child development and school readiness.	<ul style="list-style-type: none"> ➤ Many counties face a preschool teacher and child care worker shortage, forcing preschools and child care centers to scramble to fill positions. Low wages make professions in child care unattractive when compared to other career options. ➤ Turnover among child care providers is higher than ever, diminishing the potential for children to form important relationships with caregivers and to develop the sense of security critical to quality care and healthy development. The statewide average salary of a child care worker is \$16,140, or \$7.75 per hour. A preschool teacher earns on average, \$20,090, or \$9.65 per hour. 	<ul style="list-style-type: none"> ➤ Community members stressed the need for adequate pay for providers to foster competent and qualified teachers.
All teen parents have the skills and supports to raise their children and become self-sufficient.	<ul style="list-style-type: none"> ➤ The teen birth rate in Solano has been decreasing since 1992 and is now lower than the state, 52 per 1,000 compared to 62, and lower than four of the five counties of similar size. Although the teen birth rate has remained well below the statewide teen birth rate, there are discrepancies by race. 	<ul style="list-style-type: none"> ➤ The community identified lowering the teen birth rate and providing education and support for teen mothers as a major opportunity.

Priority Result	Public Data	Community Input
	<ul style="list-style-type: none"> ➤ The percentage of teen births for African Americans is about 50% more than the county average, and remained fairly steady between 1995 and 1997. The percentage of Latino births to teens is more than double the county average, and rose from 80.9 to 100.2 during the same period. ➤ Overall, the number/percentage of live births among adolescent residents of Solano County (younger than 20 years of age) has remained steady at 13%, from 1995-1999, with a marginal upward fluctuation to 15% in 1997. 	
<p>The early childhood care and education system has increased capacity to provide access to comprehensive support services to meet individual needs of children and their families.</p>		<ul style="list-style-type: none"> ➤ Parent education and support was most often mentioned as a need for making life better for children in the community meetings. Specifically mentioned were parenting classes, more help for parents in understanding the school system, and ESL classes for Spanish speaking parents. Almost a third of parents identified family support services as a priority for new and expanded services. ➤ English speaking parents more than Spanish speaking parents identified needs in this area.
<p>All children birth – 5 stay healthy.</p>	<ul style="list-style-type: none"> ➤ The county's immunization rate is increasing. In 1993, only 41% of kindergartners were immunized. In 1996, the countywide immunization rate rose to 51.3%, and it grew again to 62.9% in 1998. However, it is still well below the Healthy People 2000 Objective of 90%. ➤ Under Healthy People 2000, it is intended that the incidence of anemia among 1-2 year olds will drop to less than 5%. The goal for 3 and 4 year olds is that the rates of anemia drop to less than 10%. Among children screened by CHDP in 1997, 20% were anemic, and African American children have the highest rates of all ethnicities. ➤ California had the same percentage of overweight Latino children in 1997 as Solano County. The national average for African American children is 10%, slightly lower than the Solano County average, while the California average for African American children is about 13%. 	<ul style="list-style-type: none"> ➤ More resources for immunizations were among the top health needs identified by participants in the community meetings. ➤ The need for education about safety, in terms of injury prevention was raised throughout the community input. All groups raised education about bicycle helmets, drowning prevention, seat belts, and other safety measures.

Priority Result	Public Data	Community Input
<p>All children birth – 5 stay healthy.</p>	<ul style="list-style-type: none"> ➤ Deaths caused by swimming pool drowning for children 1 – 4 years in 1996 was almost three times higher (6.3/100,000 children in the age group) than the State's (2.4) and the Healthy People 2000 goal of 2.3. From 1989 to 1996, the drowning rate among Solano County children under four has increased, while at the state level, the rates have improved, dropping consistently over the last eight years. ➤ Hospitalizations due to unintentional injuries in Solano County were lower (236.2/100,000) than the State's (311.1). Deaths due unintentional injuries among this age group over the course of three years surrounding 1996 were higher (18.9/100,000) than the State's (16.6). From 1993 to 1996, the death rate has worsened slightly, while state trends show a steady improvement. ➤ Solano County has met the Healthy People 2000 goal for deaths caused by motor vehicle crashes among children 1 – 14. In 1996, the death rate in the county was 3.4/100,000, compared to the State's 4.6, and the Healthy People goal of 4.4. 	



Attachment C Indicators and Strategies

Attachment C

INDICATORS AND STRATEGIES

An indicator is a specific kind of data to be used in tracking progress toward achieving results. Indicators refer to observable, measurable phenomenon. Different levels of results make it necessary to measure the impact of services on the client, program, system and community.

Indicators have been proposed based on the availability of local data or ease of collection. Coordination with other funded groups and statewide evaluation processes will be necessary in some instances. This is the situation, for example, with the Commission's local CARES funding.

During the development of the initial Strategic Plan of the Children and Families Commission, the Strategic Planning Committee and Subcommittees identified the results that Solano County residents could expect to see from Proposition 10 investments within the community. Members of these committees incorporated community input, public data, and their own professional knowledge in developing ten priority results with identifying indicators of success. These results, as presented in Table I, are based on the following three focus areas: 1) Parent Education and Family Support, 2) Child Care and Early Childhood Education, and 3) Health and Well-Being.

***Result 1: Parents of children prenatal to five with substance use and abuse problems (legal and illegal drugs, alcohol and/or tobacco) become successfully involved in effective prevention, treatment and recovery programs.**

- Indicator 1.1 The number of parents with children 0 – 5 who attend drug rehabilitation programs will increase.
- Indicator 1.2 The number of parents with children 0 – 5 who have access to diversion programs will increase.
- Indicator 1.3 Repeat calls to police and paramedic systems related to substance abuse problems in families with children 0 – 5 will decrease.
- Indicator 1.4 The number of return visits by law enforcement to homes of substance abusing parents of children 0 – 5 will decrease.
- Indicator 1.5 The number of pregnant women and parents of children 0 – 5 in substance abuse treatment and tobacco cessation programs will increase.
- Indicator 1.6 The number of parents with children under age of 5 who participate in a smoking cessation class as a result of referrals will increase.
- Indicator 1.7 The number of parents of young children under the age of 5 who quit smoking will increase.

* Denotes one of ten priorities set by Strategic Planning Committee.

Indicator 1.8 The number of hospitalizations for drug overdose decreases.

Examples of strategies to reach the result:

Strategy 1.1 Expand substance abuse treatment programs for pregnant and parenting women.

Strategy 1.2 Work with the criminal justice system to increase access to diversion programs.

Strategy 1.3 Provide free smoking cessation classes, support system and, with health care provider approval, nicotine patches to parents of children 0-5 and pregnant women.

***Result 2: Families have easily accessible, culturally and socially appropriate parent education and support so that parents have the ability to support their child's development and well-being.**

Indicator 2.1 Families have access to support and education to keep their children physically and emotionally healthy, and ready for school.

Indicator 2.2 Parents' access to information about school readiness as well as their understanding of how the schools work and what children need to be ready for school will increase.

Indicator 2.3 Parent support and education opportunities will increase as will parental awareness of their availability.

Indicator 2.4 The number of parents and family members who regularly read to their children will increase.

Indicator 2.5 Parent involvement in early childhood programs and schools and parent education and support opportunities will increase.

Indicator 2.6 Children with learning disabilities are identified at earlier stages, so that early intervention is possible.

Indicator 2.7 The number of families participating in early literacy programs (libraries, early children education programs, and schools, as well as programs that make books more accessible) will increase.

Indicator 2.8 Support for community sponsored activities for families with children prenatal to five is available in every neighborhood and at times convenient for working families.

Indicator 2.9 The number the actual cases of child abuse and neglect will decrease.

Indicator 2.10 Parents feel more confidence in their parenting skills and parenting performance.

Indicator 2.11 All families who need respite care are able to access it.

* Denotes one of ten priorities set by Strategic Planning Committee.

Examples of strategies to reach the result:

- Strategy 2.1 Provide universal access to parent education by supporting programs in churches, child care centers, and libraries that include peer-to-peer models.
- Strategy 2.2 Provide universal access to information using all forms of media.
- Strategy 2.3 Provide respite care to all families who need it.
- Strategy 2.4 Establish a 24 hour hotline/warm line for families.
- Strategy 2.5 Develop a Welcome Baby program in which every child is assessed at birth and the State Commission's well baby kits are distributed in Solano County. Incorporate voluntary, community-based home visiting programs in which all parents can have at least one visit within the first month and in which families needing extra care and support can have a follow-up component.

<p>*Result 3: All teen parents have the skills and supports to raise their children and become self-sufficient.</p>

- Indicator 3.1 Teen parent programs, which include smoking cessation components, are present in every city, and are available to all teen parents who wish to participate. These should be based on successful models, such as the one in Vallejo.
- Indicator 3.2 The number of teen parent programs that exist onsite at high schools will increase.
- Indicator 3.3 The percentage of teen parents participating in teen parent programs will increase. The number of teen parents who report barriers to access to these programs relating to transportation needs will decrease.
- Indicator 3.4 Teen parenting programs include access to nutrition, health, smoking prevention and cessation resources, as well as components for teen fathers.
- Indicator 3.5 Onsite child care centers with a family support component exist in at least one high school in each city, with assistance from school districts in each city. The number of child care programs for children of teen parents at these sites will increase.
- Indicator 3.6 The percentage of teen parents and pregnant teens that smoke will decrease.
- Indicator 3.7 The rate of second births among teen mothers will decrease.
- Indicator 3.8 Graduation rates for teen parents increase.

* Denotes one of ten priorities set by Strategic Planning Committee.

Examples of strategies to reach the result:

- Strategy 3.1 Work with school districts in identifying sites for teen parent/child care sites.
- Strategy 3.2 Replicate successful onsite school-based teen parent programs.
- Strategy 3.3 Expand and enhance existing teen parent programs to serve all teen parents who wish to participate.
- Strategy 3.4 Provide free smoking cessation classes, WIC, father involvement programs and other classes which include education on ETS and children's early brain development in the menu of services and activities offered at teen parenting sites.

Result 4: Every family in Solano County is connected to family-friendly support systems, which are coordinated, and neighborhood based.

- Indicator 4.1 Families are involved in their communities and their communities will be involved with them.
- Indicator 4.2 The number of family resource centers throughout the county will increase, as will the menu of services available through them.
- Indicator 4.3 Families trust systems providing support and find services that meet their needs. As a result, parents are less isolated, with increased social support. They will understand how systems work.
- Indicator 4.4 Parents have a say and direct input into systems that serve them.
- Indicator 4.5 There will be better coordination of systems working together.
- Indicator 4.6 Access and awareness of existing resources will increase.

Examples of strategies to reach the result:

- Strategy 4.1 Support community sponsored activities for families with children ages prenatal to five in every neighborhood and at times convenient for families.
- Strategy 4.2 Support multidisciplinary training programs and technical assistance so that all professionals/practitioners use similar approach to family support.
- Strategy 4.3 Build upon existing community systems, such as family resource centers, Healthy Start programs, child care centers and churches to enhance their capacity to serve young families.
- Strategy 4.4 Fund a community coordination position or advisory committee to improve case management that is focused on the delivery of services to young children and their families.

Result 5: Children will be raised in loving environments in which their fathers or other male parent figures are involved in a significant and positive way.

Indicator 5.1 Children will be raised with integral involvement by their fathers.

Indicator 5.2 The number of fathers' support classes, groups, and activities will increase.

Examples of strategies to reach the result:

Strategy 5.1 Implement successful, proven models of male involvement programs and trainings.

Strategy 5.2 Develop education and support programs to work with parents in co-parenting, for both intact and blended families.

Strategy 5.3 Use media messages to emphasize the bonds between fathers and children.

***Result 6: Families will have increased access to high quality early childhood services.**

Indicator 6.1 The number of licensed family child care homes and child care centers will increase in neighborhoods that have demonstrated need.

Indicator 6.2 The availability of off-hour child care, sick child care, and back-up or emergency child care will increase.

Indicator 6.3 A system for a centralized waiting list that meets the needs of families and caregivers in all communities is developed.

Indicator 6.4 The number of subsidized slots available in the county will increase.

Indicator 6.5 The number of schools, churches and work sites which house (lease space or sponsor) child care facilities will increase.

Indicator 6.6 The number of schools who have relationships with child development programs to implement early literacy and kindergarten transition programs increases.

Examples of strategies to reach the result:

Strategy 6.1 Facilitate technical assistance (such as fund development) to the child care provider community to secure all available resources and funding to increase accessibility, quality and affordability of early education and care.

Strategy 6.2 Expand the California Childcare Initiative Program (CCIP) to focus on increasing the numbers of family child care providers who stay in the profession.

* Denotes one of ten priorities set by Strategic Planning Committee.

- Strategy 6.3 Facilitate the expansion and development of non-traditional hour care (such as respite care, crisis care, migrant child care, and sick child care) in neighborhoods where needs exist. (Solano children use a crisis nursery elsewhere, as none is available here.)
- Strategy 6.4 Advocate and support community advocacy for increased child care subsidies for the working poor.
- Strategy 6.5 Promote and support partnerships of school districts and early education programs to ensure that early childhood care and education services are available onsite at public schools.

***Result 7: The quality of childhood services is increased in order to promote optimal child development and school readiness.**

- Indicator 7.1 Staff turnover rates in early childhood care and education programs will decrease.
- Indicator 7.2 The numbers of early childhood providers participating in training to improve skills will increase.
- Indicator 7.3 The ethnic and linguistic diversity of the child care workforce (paid and unpaid) reflects the community they serve.
- Indicator 7.4 Systems to collect data on the education and training levels of providers and a program which links incentives to higher levels of training and staff longevity are established.
- Indicator 7.5 Training for child care providers is available in languages other than English and in areas where access to training has been limited.
- Indicator 7.6 The number of sites that meet a recognized standard for quality (NAEYC, Desired Results, Head Start Performance Standards, ECRS) will increase.

Examples of strategies to reach the result:

- Strategy 7.1 Facilitate the expansion of training programs and opportunities for early childhood providers at all levels. Specifically:
- Provide support for basic health and safety training to be offered in locations outside of Fairfield and in languages other than English.
 - Support training collaborative/models which increase training opportunities for early childhood providers to meet Title 22 and Title 5 requirements, including models for mentorship programs, community-based and onsite training.
 - Increase availability of training for child care providers in early bonding and attachment, early brain development, impact of substance abuse, including impact of tobacco use, emergent literacy and school readiness.

* Denotes one of ten priorities set by Strategic Planning Committee.

- Strategy 7.2 Facilitate the development of a program which provides financial incentives for child care providers which are linked to retention and training which reward providers who speak a language that is needed by communities where families are served whose home language is other than English.

***Result 8: The early childhood care and education system has increased capacity to provide access to comprehensive support services to meet individual needs of children and their families.**

- Indicator 8.1 Childcare agencies/providers are aware of, work with, and have access to child and family support services.
- Indicator 8.2 The number of agencies who collaborate with early childhood care and education providers to conduct child assessments and increase access to health, dental and other family support services will increase.
- Indicator 8.3 The number of children with developmental delays and other special needs who have access to quality early childhood care and education programs will increase.

Examples of strategies to reach the result:

- Strategy 8.1 Provide support for children with special needs in early childhood care and education programs through models with demonstrated effectiveness. Provide onsite before and after programs at schools where children are receiving services.
- Strategy 8.2 Support community-based agencies to provide increased health, mental health, dental, and family support services to families in child care.
- Strategy 8.3 Facilitate the application to and provide leverage funding to participate in the State Prop 10 Child Care Healthy Linkages Project.
- Strategy 8.4 Expand toy/book lending programs which support the capacity of caregivers and parents to provide stimulating environments for child development.

Result 9: Solano communities, including the business sector, schools and churches, will be supportive of families and responsive to their child care concerns and needs.

- Indicator 9.1 Parents report increased employer support for family-related issues.
- Indicator 9.2 The number of schools, churches and work sites which house (lease space or sponsor) child care facilities will increase.
- Indicator 9.3 The number of schools which have relationships with child development programs to implement early literacy and kindergarten transition programs will increase.

* Denotes one of ten priorities set by Strategic Planning Committee.

- Indicator 9.4 Resources (financial and in-kind) contributed to early childhood care and education programs will increase both in the business sector and in local public and private funding.
- Indicator 9.5 The number of Solano employers who enact policies that are family supportive to parents and caregivers will increase.

Examples of strategies to reach the result:

- Strategy 9.1 Facilitate the public awareness and visibility of family-friendly community members/businesses.
- Strategy 9.2 Promote and support partnerships of school districts and early education programs to ensure that early childhood care and education services are available onsite.
- Strategy 9.3 Facilitate an outreach campaign to increase community support for child care and issues for young children.

***Result 10: All children are born healthy.**

- Indicator 10.1 All children have optimal prenatal exposure to a healthy prenatal environment, with comprehensive education, support, and medical services for all pregnant women.
- Indicator 10.2 Comprehensive support services for pregnant and parenting teens are available throughout the county.
- Indicator 10.3 All parents start prenatal care in the first trimester.
- Indicator 10.4 Family members receive comprehensive education about pregnancy and prenatal care.
- Indicator 10.5 The rate of substance use in parents, particularly pregnant women, will decrease. The consequent exposure to tobacco, alcohol and other drugs among pregnant women, children and families will also decrease.
- Indicator 10.6 The rates of low birth weight, premature and infant death meet the Healthy People 2010 goals.
- Indicator 10.7 The rate of unintentional pregnancy among teens and adults will decrease.

Examples of strategies to reach the result:

- Strategy 10.1 Expand comprehensive perinatal care programs to all pregnant women and their families in Solano County by combining the best practices of multiple models and extending the programs through age 2.
- Strategy 10.2 To accommodate more pregnant women, expand local residential substance abuse treatment programs and include tobacco cessation as a service.

* Denotes one of ten priorities set by Strategic Planning Committee.

Strategy 10.3 Implement a media campaign to educate about specific messages susceptible to change through media.

***Result 11: All children 0 – 5 have easy access to health care services.**

- Indicator 11.1 The number of children without health coverage, including oral and mental health, will decrease.
- Indicator 11.2 Children 0 – 5 in foster care have access to health care and improved health outcomes.
- Indicator 11.3 The negative impact of racial, ethnic, linguistic, and economic difference on the health of children prenatal to five is mitigated. Professionals learn how to cope with cultural, linguistic, age, and condition differences.
- Indicator 11.4 Services and coverage expand to children who are underserved due to ability to pay, fear, disability, or other barriers to age, culturally, or linguistically appropriate services.
- Indicator 11.5 Children 0 – 5 and their families have access to mental health and emotional support services and services that enhance brain development.

Examples of strategies to reach the result:

- Strategy 11.1 Implement aggressive enrollment programs to increase the number of children 0 – 5 who are enrolled in Medi-Cal, Healthy Families and other subsidized health care programs.
- Strategy 11.2 Expand dental screening and dental services to young low income children.
- Strategy 11.3 Develop programs to link every child with primary care providers or medical home.
- Strategy 11.4 Train child care workers to make appropriate referrals for physical and mental health and special education services.

***Result 12: All children birth – 5 stay healthy.**

- Indicator 12.1 All parents have access to education about optimal parenting practices.
- Indicator 12.2 Support, including parent clubs, parent organizations, and mentoring programs is readily available for all children and families in nurturing environments, regardless of socioeconomic status.
- Indicator 12.3 The number of parents who participate in parent education programs about discipline, anger management, and positive parent/child interaction will increase.

* Denotes one of ten priorities set by Strategic Planning Committee.

- Indicator 12.4 Children are not exposed to toxic substances including known carcinogens. This includes environmental exposure to lead paint, drugs, and secondhand smoke.
- Indicator 12.5 Nutritional counseling for children birth – 5 and pregnant women is available.
- Indicator 12.6 Infant and child mortality including Sudden Infant Death Syndrome (SIDS) will decrease.
- Indicator 12.7 Exclusive breastfeeding rates will increase to 75% at discharge, 50% at 6 months of age and 25% at one year of age, per Healthy People 2010 goals.
- Indicator 12.8 Incidence of abuse to children 0 – 5 will decrease.
- Indicator 12.9 The actual incidences of abuse and neglect in the home will be reduced.
- Indicator 12.10 Immunization rates will increase.
- Indicator 12.11 Comprehensive care management of children (prenatal to five) with chronic diseases, such as asthma, sickle cell anemia, and birth defects, in coordination with parents, caregivers and health care providers is widely available.
- Indicator 12.12 The number of children 0 – 5 with chronic diseases who participate in comprehensive care management will increase.
- Indicator 12.13 Accidents and unintentional injuries (drowning, motor vehicles, helmets, falls, etc.) will decrease for children prenatal to five.
- Indicator 12.14 The rate of child drowning due to unfenced backyard pools will decrease.
- Indicator 12.15 All parents of children 0 – 5 receive car seat education and equipment (car seat) if needed.
- Indicator 12.16 All parents of children prenatal to five receive education and equipment (bicycle helmet) if needed on bicycle safety.
- Indicator 12.17 Unintentional injury due to poisoning will decrease.

Examples of strategies to reach the result:

- Strategy 12.1 Implement successful home visiting programs, for all homes with newborns through age 2.
- Strategy 12.2 Increase access to smoking cessation classes for parents throughout the county.
- Strategy 12.3 Implement a media campaign to improve immunizations and other disease prevention strategies.
- Strategy 12.4 Work with physicians, the County Medical Society, and the Department of Health and Social Services to develop a chronic disease management program for children 0 – 5.

Result 13: Children 0 – 5 will live in safe environments.

Indicator 13.1 The actual incidences of abuse and neglect in the home will be reduced.

Indicator 13.2 The incidence of abuse to children 0 – 5 will decrease.

Indicator 13.3 The actual incidences of family violence will be reduced.

Indicator 13.4 The number of children who witness domestic violence will decrease.

Examples of strategies to reach the result:

Strategy 13.1 Implement successful home visiting programs, for all homes with newborns through age 2.

Strategy 13.2 Implement successful parent education programs which focus on anger management and positive parent/child interaction.

Result 14: The rate of injuries caused by accidents is reduced.

Indicator 14.1 Accidents and unintentional injuries (drowning, car seats, helmets, falls, etc.) for children prenatal to five will decrease.

Indicator 14.2 The number of parents receiving education to reduce injuries caused by accidents will increase.

Indicator 14.3 The rate of child drowning due to unfenced backyard pools will decrease.

Indicator 14.4 All parents of children 0 – 5 receive car seat education and equipment (car seat) if needed.

Indicator 14.5 All parents of children prenatal to five receive education and equipment (bicycle helmet) if needed on bicycle safety.

Indicator 14.6 Unintentional injury due to poisoning will decrease.

Examples of strategies to reach the result:

Strategy 14.1 Implement a media campaign to educate parents of children 0 – 5 about child safety.

Strategy 14.2 Develop a component on injury prevention for every child care and early childhood program focused both on children and also on parents.

Strategy 14.3 Expand car seat distribution programs to families who do not have car seats that work for older children, using child care programs as distribution points.

Strategy 14.4 Expand bicycle helmet distribution programs to ensure that every child 0 – 5 who rides a bicycle has a helmet worn correctly.

Attachment D
Programs Funded
During Fiscal Year
2000-2001

Attachment D

FUNDING DURING FISCAL YEAR 2000 - 2001

As the Solano County Children and Families Commission entered fiscal year 2000 – 01, it faced a serious challenge: to complete and adopt a Strategic Plan responsive to the needs of the children and families of Solano County, then allocate up to \$4,500,000 in a responsible way to meet the outcomes defined in that plan. All this was to be accomplished as the Commission staff was defined and hired, an office and its internal systems were established, the status of the Commission in relation to the County of Solano was debated and resolved, and processes for allocating funds were proposed, examined, amended and implemented.

The Commission adopted its Strategic Plan on September 19, 2000, and embarked on a funding cycle that included a focus on health and well-being, child care and early childhood education, parent support, and meaningful systems change. It also included a variety of funding options and processes: Mini-grants, Planning Grants, Capital Grants and Direct Service Grants, as well as establishing a category of “set aside” money to accommodate “unanticipated funding opportunities.”

The Commission determined that there was a significant need for funding one-time, low-budget projects. A Mini-grants process was initiated and completed, providing up to \$5,000 for successful applicants. A subsequent second level of funding was provided specifically for Mini-grant applications for day care playground equipment. Ultimately, a total of \$330,136 was provided for Mini-grant funding. The following programs were funded:

MINI-GRANTEE	GEOGRAPHIC FOCUS	FOCUS AREA
Bert & Ernie's Preschool	Dixon	Childcare & Early Education
Dixon Family Practice	Dixon/Fairfield/Rio Vista	Health and Well-Being
Rainbow Children's Center	Countywide	Health and Well-Being
Vacaville School Preschool DIS Program	Vacaville	Childcare & Early Education
Custom Computer Services	Vacaville	Childcare & Early Education
Angelic Tabernacle Outreach Daycare	Vacaville	Childcare & Early Education
Vacaville Family Resource Center	Vacaville	Parent Ed/Family Support
Life Changing Reality	Fairfield/Suisun	Parent Ed/Family Support
We “R” Family Christian Children's Center	Fairfield/Suisun/Vacaville	Childcare & Early Education
Fairfield-Suisun Interfaith Council	Fairfield/Suisun	Parent Ed/Family Support
Fairfield Multi-Services Day Center	Fairfield/Suisun	Childcare & Early Education
Lighthouse Christian Preschool	Fairfield/Suisun	Childcare & Early Education
Solano County Library Foundation	Fairfield/Vallejo	Childcare & Early Education
Vacaville Police Department	Vacaville	Childcare & Early Education
Nightingale Academy	Fairfield	Childcare & Early Education
Child Haven	Countywide	Childcare & Early Education

MINI-GRANTEE	GEOGRAPHIC FOCUS	FOCUS AREA
Child Haven	Countywide	Parent Ed/Family Support
Child Haven	Countywide	Parent Ed/Family Support
Child Haven	Countywide	Parent Ed/Family Support
Child Assault Prevention Project	Vallejo	Parent Ed/Family Support
Our Garden's Gate	Fairfield	Childcare & Early Education
Fairfield-Suisun Interfaith Council	Fairfield/Suisun	Parent Ed/Family Support
Solano Community College	Countywide	Parent Ed/Family Support
St. Vincent Ferrer Preschool	Vallejo	Childcare & Early Education
Highway Child Care Center	Vallejo	Childcare & Early Education
Rehobeth C.O.G.I.C.	Vallejo	Childcare & Early Education
Partners Mentoring Program	Vallejo	Parent Ed/Family Support
Ms. Trisha's Blessed Child Care	Vallejo	Childcare & Early Education
LaPetite Academy	Vallejo	Childcare & Early Education
North Vallejo Family Resource Center	Vallejo	Health and Well-Being
Youth and Family Services	Vallejo/Benicia/Fairfield	Childcare & Early Education
Faith Bible Church	Vallejo	Childcare & Early Education
New Horizons Montessori	Vallejo	Childcare & Early Education
Vallejo Schools Teen Pregnancy	Vallejo	Parent Ed/Family Support
Benicia Community Services	Benicia	Childcare & Early Education
TEAMS-Parent Voices	Countywide	Parent Ed/Family Support
Rio Vista Help Center	Rio Vista	Parent Ed/Family Support
We Care Preschool	Rio Vista	Childcare & Early Education
Head Start	Countywide	Childcare & Early Education
Head Start	Countywide	Childcare & Early Education
Head Start	Countrywide	Health and Well-Being
Head Start	Countrywide	Parent Ed/Family Support
Rio Vista CARE, Family Resource Center	Rio Vista	Parent Ed/Family Support
Matrix Parent Network	Countrywide	Parent Ed/Family Support
FASS	Vallejo	Parent Ed/Family Support
Solano County Environmental Health	Countrywide	Health and Well-Being
NorthBay Healthcare	Vacaville/Fairfield/Rio Vista	Childcare & Early Education
FELAD	Vallejo	Parent Ed/Family Support
Vallejo Inter-Tribal Council	Vallejo	Parent Ed/Family Support
Playhouse Family Child Care	Dixon	Childcare & Early Education
Shepherd of the Hills Preschool	Vacaville	Childcare & Early Education
Word of Faith Christian Center	Fairfield, Suisun	Childcare & Early Education
Community United Methodist School	Fairfield/Vacaville/Travis	Childcare & Early Education
St. Mark's Preschool	Fairfield/Vacaville/Travis	Childcare & Early Education
Nightingale Academy	Fairfield	Childcare & Early Education
Child's Place Preschool	Fairfield	Childcare & Early Education
Benjamin Family Day Care	Fairfield/Suisun	Childcare & Early Education

MINI-GRANTEE	GEOGRAPHIC FOCUS	FOCUS AREA
Teel Family Day Care	Suisun	Childcare & Early Education
Reddic's Day Care	Fairfield/Suisun	Childcare & Early Education
Solano Community Infant Program	Countywide	Childcare & Early Education
Solano Community Preschool	Countywide	Childcare & Early Education
Solano Community Toddler Program	Countywide	Childcare & Early Education
Solano Community 2-Year Old Program	Countywide	Childcare & Early Education
Solano Community Preschool	Countywide	Childcare & Early Education
Vallejo School District CAL-SAFE	Vallejo	Childcare & Early Education
Home Away From Home Day Care	Vallejo	Childcare & Early Education
Little Star Family Home Day Care	Vallejo	Childcare & Early Education
Knox Kiddie Kare	Vallejo	Childcare & Early Education
Cobbs Family Day Care	Countywide	Childcare & Early Education
Kitt's Kiddie Kare	Vallejo	Childcare & Early Education
Sharon's Family Day Care	Vallejo	Childcare & Early Education
Molex Family Day Care	Vallejo	Childcare & Early Education
BB's Family Day Care	Vallejo	Childcare & Early Education
Petersen Family Child Care	Vallejo	Childcare & Early Education
Akins Family Child Care	Vallejo	Childcare & Early Education
Vacaville Community Services	Vacaville	Childcare & Early Education
Vacaville Community Services	Vacaville	Childcare & Early Education

In order to facilitate more comprehensive planning to address specific needs, and to create positive systems change, the Commission allocated \$283,368 to fund Planning Grants. The following programs were funded:

PLANNING GRANTEE	GEOGRAPHIC FOCUS	FOCUS AREA
FELAD	Vallejo	Childcare & Early Education
Child Haven	Countywide	Parent Ed/Family Support
Vacaville Housing and Redevelopment	Vacaville	Childcare & Early Education
AKA Family Resource	Countywide	All Focus Areas
Youth and Family Services	Countywide	Parent Ed/Family Support
Rio Vista Help Center	Rio Vista	All Focus Areas
Filipino American Social Services	Vallejo	All Focus Areas
Planned Parenthood	Countywide	Parent Ed/Family Support
Napa Solano Head Start	Countywide	Childcare & Early Education
Children of Incarcerated Parents	Countywide	Parent Ed/Family Support

The Commission was approached with a request to fund a CARES Initiative designed at retaining child care workers through the provision of stipends to augment traditionally low salaries that force many child care professionals to seek work elsewhere. The Commission's decision to support this effort was based largely on the need for young children to have consistent, nurturing caregivers during their formative years in order to

enhance brain development. The approval of \$500,686 for this program enabled the Commission to capture an additional \$125,171 in matching funds for Solano County from the California Children and Families Commission. The contract for administering the CARES program was granted to the Children's Network of Solano County.

Recognizing the need to invest in improving many physical facilities of organizations providing services to young children and their families and providing greater access to existing services through the provision of additional vehicles, the Commission made \$1,032,226 million available for Capital Grants. Through a competitive bid process, the following projects were funded:

CAPITAL GRANTEE	GEOGRAPHIC FOCUS	FOCUS AREA
Nana Peoples Family Day Care	Vallejo	Childcare & Early Education
Vallejo Parent Nursery School	Vallejo	Childcare & Early Education
It Takes A Village Community Childcare	Vallejo	Childcare & Early Education
Bert & Ernie's Preschool	Dixon	Childcare & Early Education
We "R" Family Christian Children's Center	Fairfield	Childcare & Early Education
Highway Church Child Care	Vallejo	Childcare & Early Education
A Child's Place Preschool & Infant Center	Fairfield	Childcare & Early Education
Child Haven, Inc.	Countywide	Health and Well-Being
Rainbow Children's Center	Countywide	Childcare & Early Education
Faith Bible Church of Vallejo	Vallejo	Childcare & Early Education
New Horizons	Vallejo	Childcare & Early Education

The largest amount of money allocated to any category of funding was for the provision of direct services to children prenatal to five years of age and their families. Direct Services Grants accounted for over half of the funds allocated by the Commission during the 2000 – 01 fiscal year. New services will be available that address a wide range of needs, and the Commission believes that its investment in these services will significantly improve the lives of the targeted children and families. Funded programs totaling \$2,694,323 are:

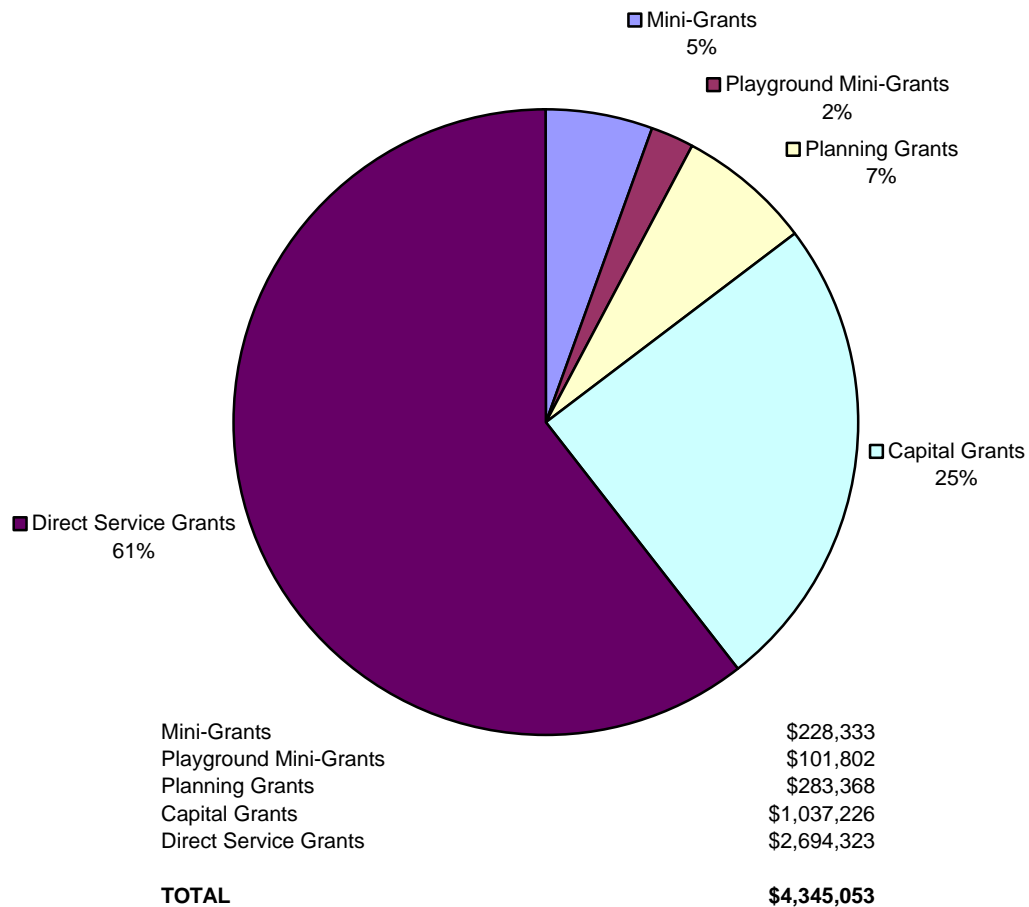
DIRECT SERVICE GRANTEE	GEOGRAPHIC FOCUS	FOCUS AREA
Napa Solano Head Start	Countywide	Childcare & Early Education
Child Haven, Inc.	Countywide	Health and Well-Being
Youth and Family Services	Countywide	Parent Ed/Family Support
Touro University	Countywide	Health and Well-Being
Planned Parenthood	Countywide	Health and Well-Being
Matrix	Countywide	Parent Ed/Family Support
Solano County H&SS	Countywide	Health and Well-Being
CARES	Countywide	Childcare & Early Education
Adopt-A-School	Countywide	Health and Well-Being
Solano County Library Foundation	Countywide	Parent Ed/Family Support
Food Bank	Countywide	Health and Well-Being

The following charts and graphs show the distribution of funds allocated during the Commission's first year of implementing its Strategic Plan.

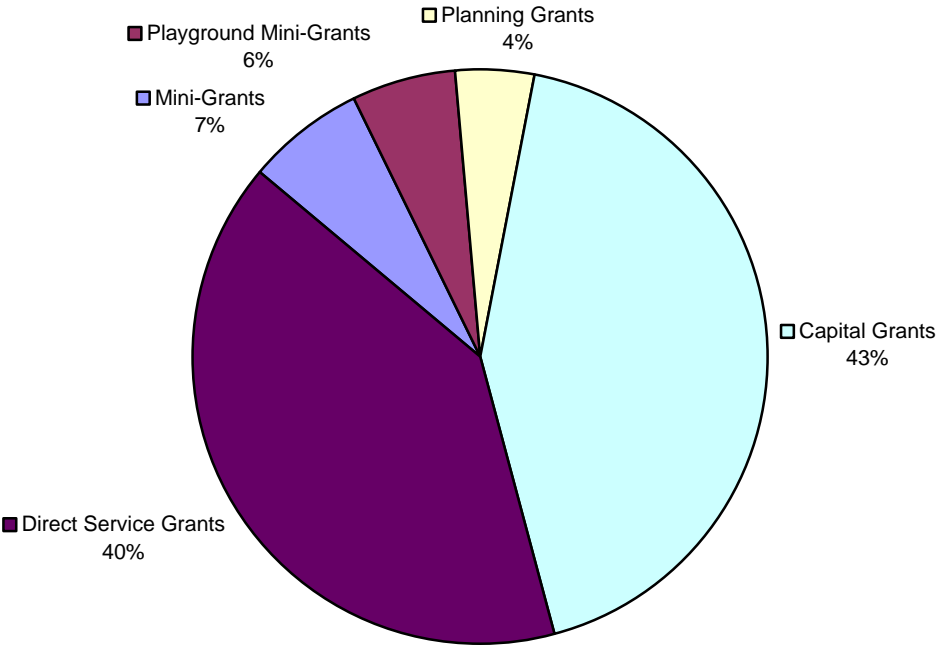
Direct Service Grant Multi-Year Award Summary

NAME	SERVICE	AWARD AMOUNT			
		YEAR 1	YEAR 2	YEAR 3	TOTAL
Youth and Family Services	Establish a women's recovery alliance (substance abuse), in home care for mothers who cannot attend treatment groups, parenting classes for incarcerated parents.	329,905	343,857	358,508	1,032,270
Child Haven, Children's Network	Home visiting	804,140	804,140	804,140	2,412,421
Napa Solano Head Start	Requires 35% match from community by federal government grant-free high quality childcare for 60 families	189,000	189,000	189,000	567,000
C.A.R.E.S.	Child care provider stipends	500,685	500,685		1,001,370
TOTAL		\$1,878,730	\$1,837,682	\$1,351,648	\$5,068,061

TOTAL FUNDED GRANTS FY 2000 - 2001

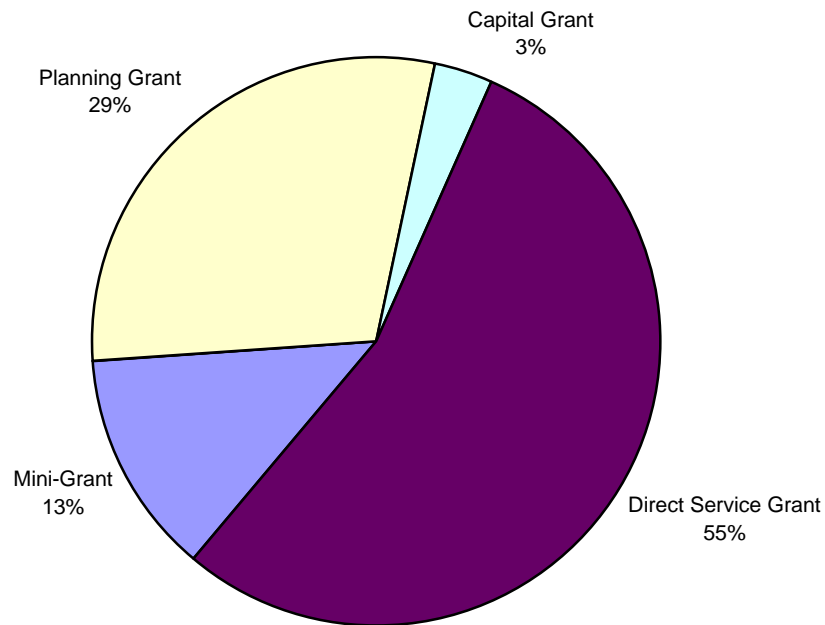


CHILD CARE / CHILDHOOD EDUCATION



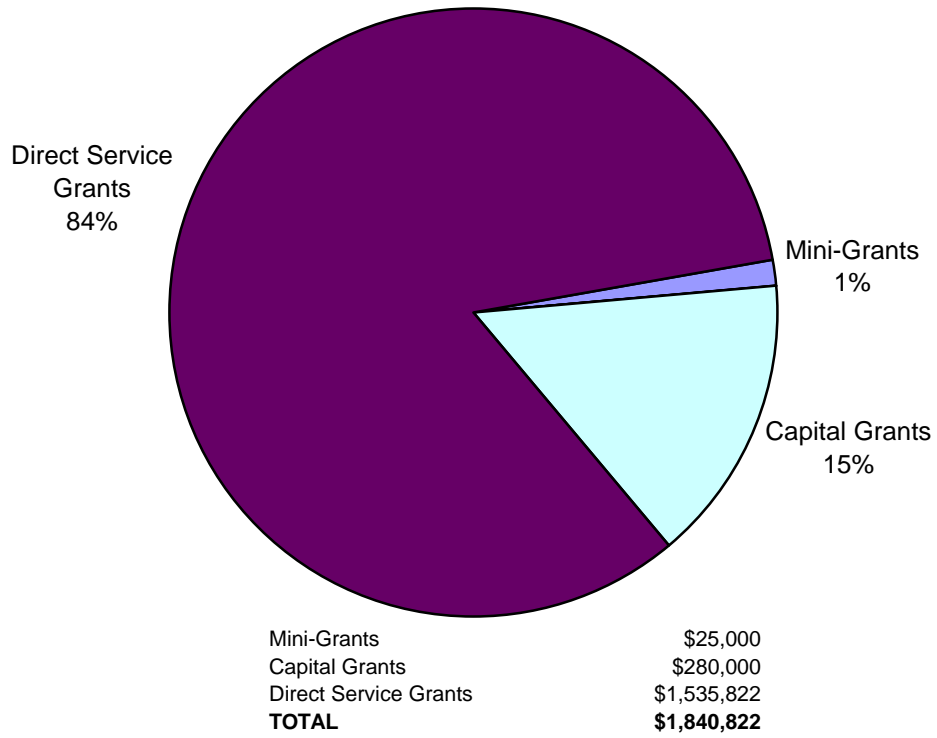
Mini-Grants	\$112,659
Playground Grants	\$101,803
Planning Grants	\$75,400
Capital Grants	\$735,129
Direct Service Grants	\$689,686
TOTAL	\$1,714,677

PARENT EDUCATION / SUPPORT

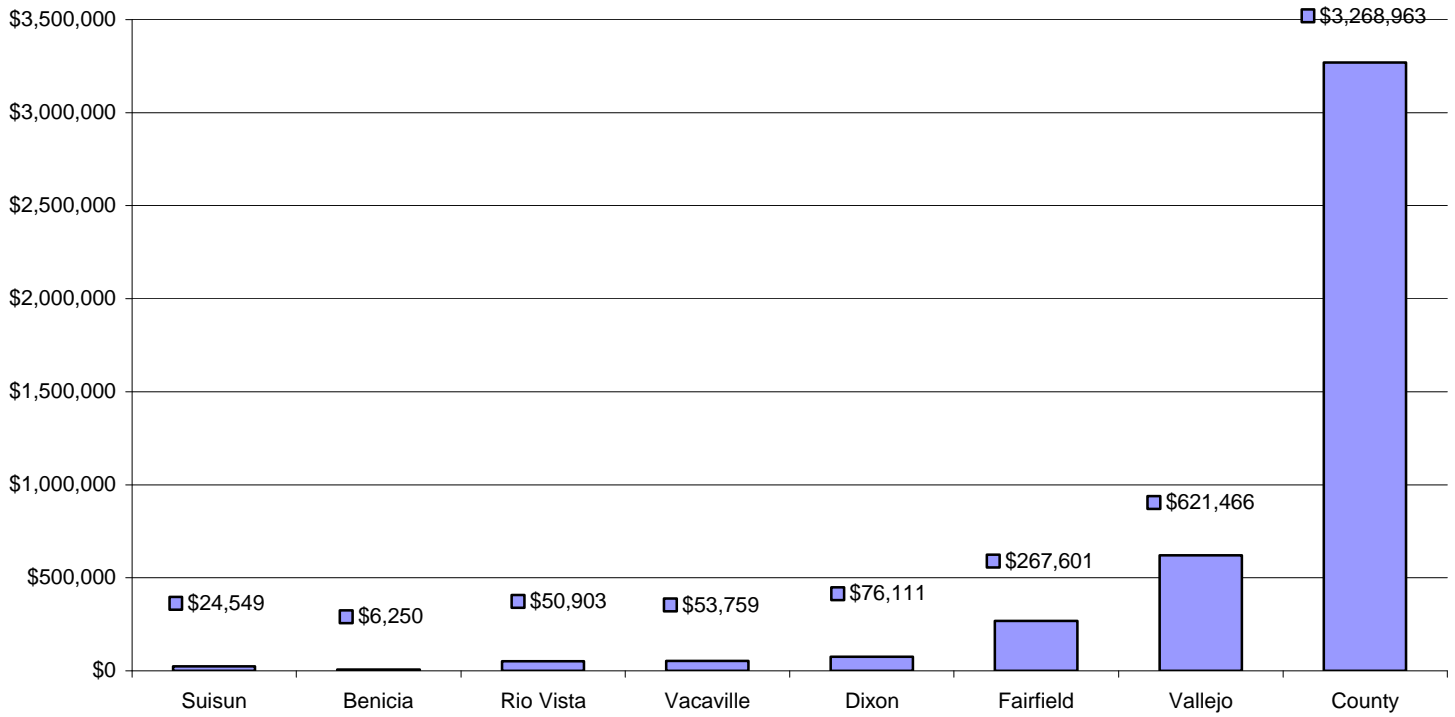


Mini-Grants	\$90,674
Planning Grants	\$207,968
Capital Grants	\$22,097
Direct Services	\$468,815
TOTAL	\$789,554

HEALTH / WELL-BEING



FUNDED GRANTS BY LOCATION



Attachment E

Demographic Data

Attachment E

DEMOGRAPHIC DATA

Four important components are woven together to create this strategic plan:

- Intensive community involvement
- Knowledge of the communities in which our children live
- New research into brain development which shows the vital importance of positive interactions in the earliest years
- Knowledge about the dangers presented by exposure both in and outside the womb, from tobacco, alcohol, and other drugs.

Please note: Data and statistics in this section are presented to give an overall picture of the environment for children and families in Solano County. Some data presented is less current than is desired to give an accurate picture of conditions facing children and families today. Subsequent Strategic Plans will incorporate more up-to-date information as it becomes available.

A. Solano County and Our Children

Solano County is one of nine counties of the San Francisco Bay Area. The county encompasses 829 square miles. Strategically located between Sacramento and San Francisco, it straddles Interstate 80 in the North Bay Area. Seven cities account for 96% of the population, while agricultural land accounts for 72% of the land area, especially in the northern portion of the county. The relatively low cost of housing and land, compared to the other Bay Area counties, has contributed to recent growth. During the process leading up to the closure of Mare Island Naval Shipyard in 1996, the population of the county decreased. At that point, the population stabilized and started an upward trend, projected to extend for the next 20 years, according to the California Department of Finance. The total population for 2000 was 394,542, an increase of 16.2% from 1990. Within the total population in Solano County, there are approximately 28,801 children prenatal - 5 (*U.S. Census Bureau, 2000*).

The percentage of children under five varies somewhat by city. Dixon had the highest percent of children under five (8.7%) during the 2000 Census, followed by Fairfield (8.5%) and Suisun (7.7%). The county average was 7.7%. Benicia, Rio Vista, Vacaville, and Vallejo fell below this average.

The county has three distinct population centers:

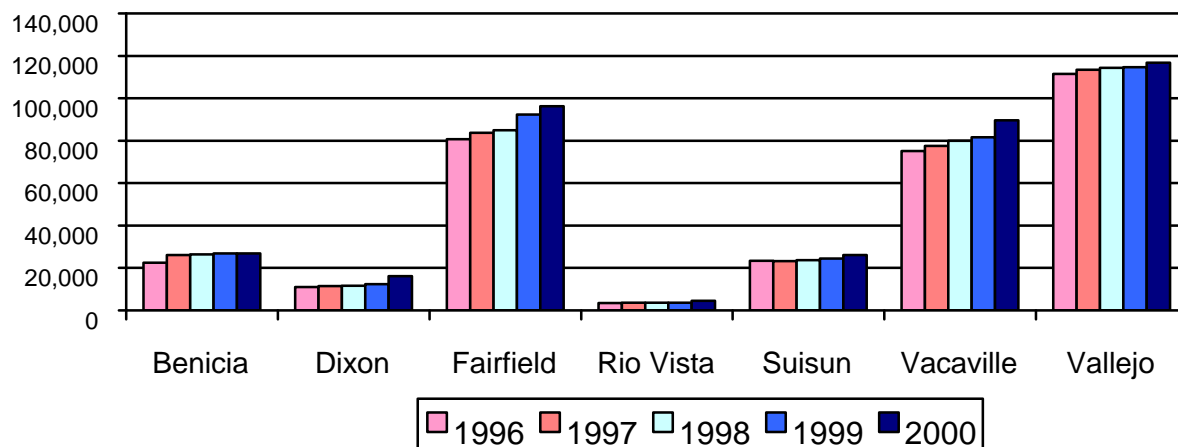
South County: Vallejo and Benicia, where 36% of the population lives. Many residents commute to locations throughout the Bay Area. The closure of Mare Island was most severely felt in this area. Vallejo is the largest populated city in the county. Its 2000 population was 116,760. Benicia is located on the Carquinez Strait. Its 2000 population was 26,865.

Central County: Fairfield, Suisun, and Rio Vista, where 32% of the population lives. Fairfield is the county seat. It is mainly a suburban community, with many residents commuting to the Bay Area and Sacramento, but also houses a portion of the civilian support personnel for nearby Travis Air Force Base. Its population in 2000 was 96,178. Suisun City is a waterfront city of 26,118 adjacent to Fairfield. Rio Vista is a small delta town on the Sacramento River with a population 4,571 in 2000.

North County: Vacaville and Dixon, where 27% of the population lives. Mostly agricultural, it is home to many of the county's Spanish-speaking residents and migrant farm workers. Vacaville was the fastest growing city in the county from 1990 to 1999, with a growth rate of 25%. Vacaville is a suburban community and the third largest city in the county, with a population of 89,625 in 2000. Dixon is a small farm town of 16,103, which is rapidly transforming into a suburban community.

Five percent of the population lives in unincorporated areas throughout the county.

Chart 1
Solano County Population by City



Source: U.S. Census 2000

Ethnic Diversity

The county is becoming more ethnically diverse: its young population is significantly more diverse than the adults, as can be seen in Table 1. Among the population of children 0 – 5, no ethnic group comprises a majority of the population.

Over the past decade, the proportion of children 0 – 5 in the population increased only by 2.5%, compared to a 7.5% change in proportion of children ages 5 – 9. The proportion of African Americans is the second highest in the State, second only to Alameda County. The proportion of Asians and Pacific Islanders is the fifth highest in the State. Many are Filipinos, concentrated in Vallejo. The cities where ethnic diversity is most prevalent are Vallejo, Suisun, and Fairfield. Dixon has the highest concentration of Latinos.

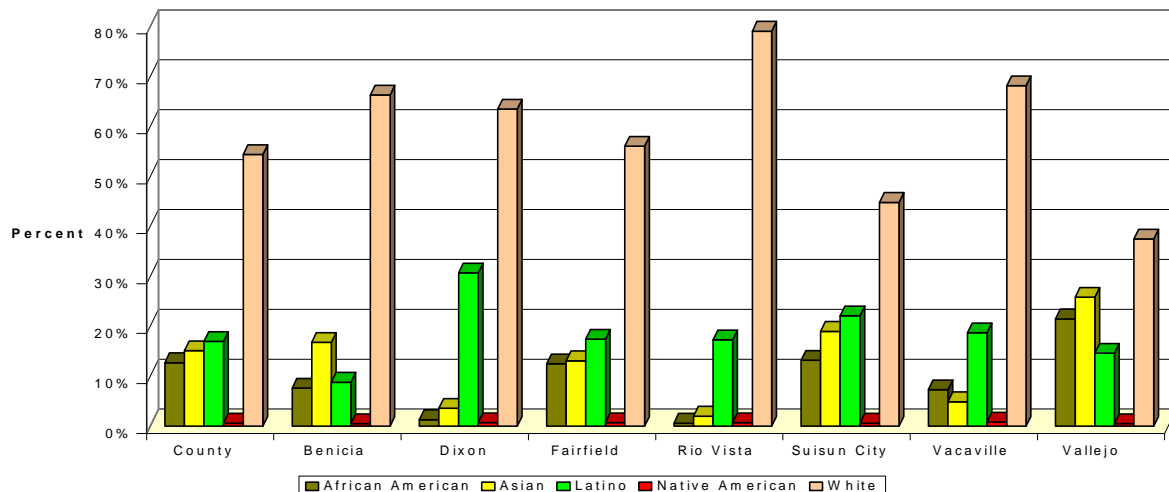
Table 1
Solano County Population and Ethnicity

2000	Total Population	Percent of Population	Children 0 – 5	Percent of Children 0 - 5
African American	57,208	14.5%	4,142	14.3%
Asian/Pacific Islander	51,290	13%	3,014	10.4%
Latino	69,439	17.6%	7,895	27.4%
Native American	3,945	1%	98	.2%
Caucasian	194,114	49.2	10,946	38%
Multi-race	18,543	4.7%	2,593	9%

Source: U.S. Census, 2000

The 2000 Census show considerable variation in ethnic diversity among the seven primary cities of the county, as can be seen in Chart 2. While Rio Vista was nearly 88.3% Caucasian, Vallejo and Suisun do not have a majority ethnicity.

Chart 2
Solano County Ethnicity, by City 2000 Census



Source: U.S. Census 2000

Gender

In 2000, the distribution of Solano County's population by gender was 49.6% female and 50.4% male. The slightly higher population of males is due to the 7,500 males incarcerated at the California Medical Facility and Solano State Prison in Vacaville, and the predominantly male population at Travis Air Force Base. According to the California Department of Finance, the statistic remains the same for the year 2000 for children 0 – 5: males account for 51.2% and females account for 48.8% of the population.

Economics and Income

Solano County is undergoing a period of economic restructuring, gaining strength after the recession in the early 1990s. In Solano County, the major sources of jobs have historically been the government (32%), retail (21%), and service (25%). Most of the government jobs have been in the military. The county suffered a higher unemployment rate in 1996, 7.8%, than the statewide average of 7.0%. In 2000, the countywide rate was 4.2%, lower than the statewide average of 5.1%. There were disparities in unemployment rates throughout the county.

Table 2
Solano County Unemployment Rate 2000, by City

Area	Unemployment Rate
County	4.2%
Benicia	2.8%
Dixon	5.6%
Fairfield	4.7%
Rio Vista	2.6%
Suisun City	5.1%
Vacaville	3.4%
Vallejo	4.7%

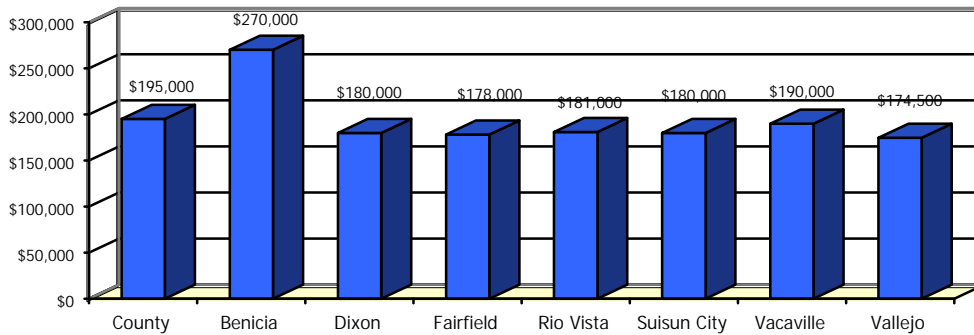
Source: California Employment Development Department, Labor Market Information, 2001.

There are approximately 130,000 jobs in Solano County, and the growth rate is currently 4.8%. One third of those jobs will be in the services sector, and 29% will be in retail. Vacaville and Fairfield will be the locations where most jobs, in these sectors, will be added. Unlike other counties, where job growth is outpacing the growth in employed residents, Solano County will add 11,140 more employed residents than jobs, over the forecast period. Because housing growth will exceed job growth, Solano is expected to be a major source of housing, for the rest of the region.

The county enjoys a relatively affordable cost of living compared to other Bay Area counties. The mean family income was 10% lower than the state's mean in 1990. Per capita income was 10% lower than the State's average. However, over the decade, there has been growth in Solano: in 1998, the State's median income, \$38,979, was 23% lower than Solano's median income of \$48,098. According to the California Budget Project's recent report, *Making Ends Meet: How Much Does It Cost to Raise a Family in California*, a single parent family needs an hourly wage of \$15.95, a two working parent family needs \$13.86, and a two parent family with one wage earner needs \$9.73 to support two children with the basics of food, shelter, child care, clothing, health care, utilities, and transportation.

The cost of housing in Benicia was considerably higher than anywhere else in the county in 2000, as can be seen in Chart 3. The price of a home in Benicia was about 40% higher than the county median.

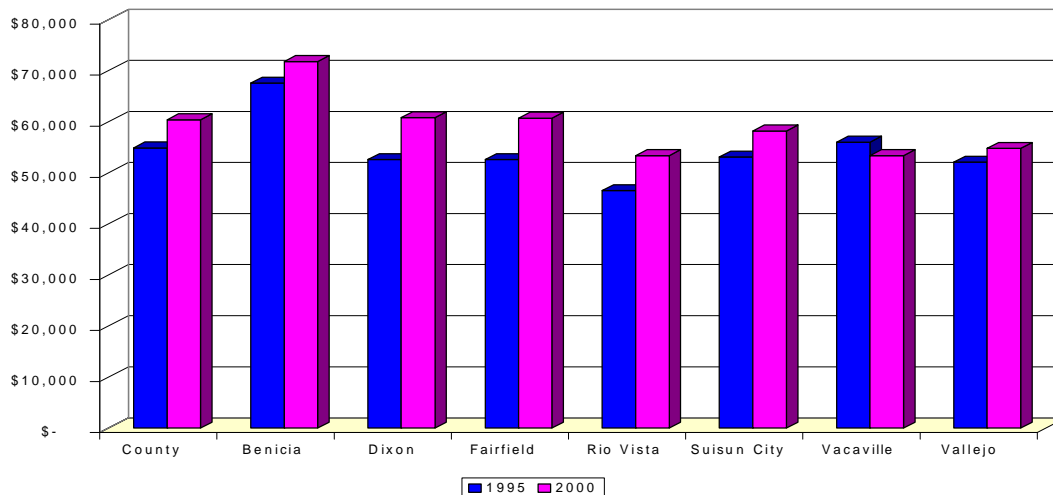
Chart 3
Median Single Family Home Price, June 2000



Source: Solano Economic Development Corporation (2000)

Benicia was by far the wealthiest city, with a mean household income higher than the county median. Rio Vista had the lowest mean income for household, as can be seen in Chart 4. The county's 2000 mean household income was \$60,400.

Chart 4
Income, by City, 1995 and 2000



Source: Solano Economic Development Corporation (2000)

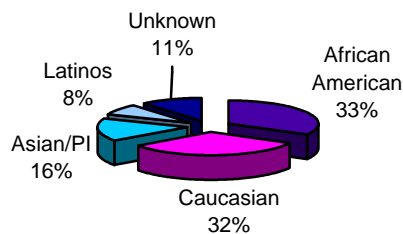
More than half of children 0 – 5 (55%) live with working parents, in which both parents work, or the single parent is employed. Slightly over half (51%) of these youngest children are in child care outside the family's home.

According to U.S. Census Bureau data released in December 2001, the estimated poverty rate for Solano County as of 1998 stood at 10.6%. This compares favorably to the rate of poverty for the entire state of California, which has 14.9% for the same time period. Unfortunately, the poverty rate increases for children in the 0-4 age category with the latest statistics showing a rate of 18.8%. Please note that the federal poverty line for a family of four with two children in 1998 was \$16,450, the year of these data.

In Solano County, the total number of Medi-Cal recipients was 41,418 as of January 2001. This number has continued to decrease since the implementation of CalWORKS. The number of CalWORKS recipients dropped from a total of 20,088 in 1998 to 12,890 in the year 2000.

The primary languages spoken by Medi-Cal beneficiaries are English (88%), Spanish (8%), Tagalog (1%), Vietnamese and Lao (<1% each). More than half of Medi-Cal beneficiaries (52%) are 20 years and younger. As of April 2000, 1,939 children were enrolled in the Healthy Families Program.

Chart 5
Medi-Cal Beneficiaries by Ethnicity



Source: Medi-Cal Databook.

Most likely due to the changes wrought in the welfare program by the implementation of CalWORKS, the number of Medi-Cal recipients in the county dropped 4% and CalWORKS recipients dropped 12% between 1997 and 1998.

B. Early Brain Development

Over the past two decades, scientists have gained new insights into molecular biology that illuminate the workings of the nervous system. At the same time, they have acquired powerful research tools that allow them to study the developing brain in greater detail and with greater precision than ever before. This research has also driven changes in policy at all levels of government, and was a driving force behind the initiative to build the Children and Families First Commissions. The importance of this new knowledge cannot be underscored enough in terms of the new insights it provides in the needs for programs that support families of young children.

The research points to five key findings that are essential to the development of policy in early childhood issues.

- ***The brain development that takes place before age one is more rapid and extensive than previously realized.*** From a few initial cells, the brain develops billions of brain cells over a period of several months. In the months after birth, the connection between brain cells increases exponentially, if all goes well.¹

¹ Carnegie Task Force on Meeting the Needs of Young Children. Starting Points: Meeting the Needs of Our Youngest Children. Carnegie Corporation of New York: New York, April, 1994.

- **Brain development is much more vulnerable to environmental influence than was ever suspected.** For example, lack of adequate nutrition in uterine or in the early years can so seriously interfere with brain development that it can lead to a host of neurological and behavioral disorders, including learning disabilities and mental retardation.²
- **The influence of early environment, including the meeting of emotional and physical needs, on brain development is long lasting.** When a child experiences nurturing care--being held, cuddled, rocked, sung to, played with--specific neurochemical activities take place in the brain. These are the activities that lead to the normal organization of the part of the brain responsible for healthy emotional relationships. If a child does not receive adequate nurturing to trigger these neurochemical activities during the first 33 months of life, there can "be very negative, often irreversible consequences."³
- **We have new scientific evidence for the negative impact of early stress on brain function.** A child's social environment can activate hormones that adversely affect brain function, including learning and memory, and these changes can be permanent. This provides a scientific basis for the fact that children who have experienced extreme stress in their earliest years are at greater risk for developing a variety of cognitive, behavioral, and emotional difficulties.⁴
- **The environment affects not only the number of brain cells and number of connections among them, but also the way these connections are "wired".** There is growing evidence that the process of refining the brain's development is guided, to a significant degree, by sensory experience, particularly in the early years.⁵

C. Exposure to Environmental Tobacco Smoke (ETS)

Impact of Tobacco Smoke on Fetal Growth

Maternal Smoking During Pregnancy: Smoking by the mother during pregnancy has long been considered an important independent risk factor for decreased infant birth weight. Infants of active smokers typically are twice as likely to be of low birth weight and have a mean birth weight 150-200 grams less than those of nonsmokers. The reduction in birth weight does not appear to be due to more pre-term births; rather, infants are growth retarded at all gestational ages.⁶ In Solano County, according to FY 98/99 data from the Perinatal Outreach and Education program, which serves Medi-Cal eligible women, approximately 11% of the pregnant clients were active smokers. According to a 2001 report from the *Center for Disease Control*, the percentage of women who smoked during pregnancy has declined every year in the United States from 1990 through 1999. In 1999, 12.3 percent of women reported smoking during

² Ibid.

³ Children's Institute International. Early childhood and brain development. Forum, p. 1. Winter 1999.

⁴ Carnegie Task Force, op.cit.

⁵ H. Chugani, ME Phelps, and JC Maziota. Positron emission tomography study of human brain functional development. *Annals of Neurology* 22(4):495, 1987.

⁶ Smoking and Tobacco Control Monograph No. 10, 1999.

pregnancy; a decrease of 30% over the decade. Smoking among pregnant teens, ages 15-19 has steadily increased since 1994 to a rate of 17.5% in 1999. For every dollar spent on prenatal smoking cessation, \$3 are saved in short-term healthcare costs, and savings reach \$6 when healthcare over the first five years of life are included [*"Making a Difference: Prop 10 and Tobacco Control"*, Next Generation California Tobacco Control Alliance, and the California Center for Health Improvement (CCHI)].

Sudden Infant Death Syndrome (SIDS): Smoking during pregnancy triples the risk of SIDS (*Journal of Family Practice* 40:385-394, 1995). In Solano County 1999, there were 9 SIDS cases. An informal investigation of these cases revealed that there was someone in the household who smoked. In 2000 alone, there have been 3 cases. In each case, the mother, the father or both smoked. At this time, it is unclear whether the mother was smoking during pregnancy.⁷

ETS Exposure of Pregnant Women: In Solano County, approximately 19% of the Perinatal Outreach and Education program's pregnant clients were exposed to environmental tobacco smoke, according to Fiscal Year 98/99 data.

Fetal Growth: ETS is an independent risk factor for low birth weight. The proportion of all low birth weight infants in California due to ETS exposure alone is estimated to be 3.3 to 6.2%, which translates to 1,200 to 2,200 newborns in California in 1995 with low birth weight associated with ETS exposure.⁸ The average low birth weight baby costs over \$53,000 for hospitalization alone [*"Making a Difference: Prop 10 and Tobacco Control"*, Next Generation California Tobacco Control Alliance, and the California Center for Health Improvement (CCHI)].

Spontaneous Abortion: Epidemiological evidence suggests that ETS exposure may play a role in the etiology of spontaneous abortion (miscarriage).⁹

Paternal Smoking and Birth Defects: Epidemiological studies suggest a moderate association of birth defects of the central nervous system with paternal smoking. It is unclear if this is as a result of ETS exposure or the direct effect of active smoking on the sperm.¹⁰

Exposure of Children to Tobacco Smoke: Children of smokers who breathe in ETS are at risk for many serious health problems (see Chart 6). Children of smokers cough and wheeze more and have a harder time getting over colds. In addition, ETS can cause a stuffy nose, headaches, sore throat, eye irritation, hoarseness, dizziness, nausea, loss of appetite, lack of energy, or fussiness.¹¹

Children with asthma are especially sensitive to ETS. ETS can actually increase the number and severity of asthma attacks, which may require trips to the hospital. Also, exposure to the smoke of as few as 10 cigarettes per day raises a child's chances of getting asthma even if that child has never had any symptoms (AAP *ibid.*). In addition,

⁷ Personal Communication: Joanna Greenwood, Solano County SIDS Coordinator, April, 2000.

⁸ Monograph 10, *op.cit.*

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ American Academy of Pediatrics-AAP-Environmental Tobacco Smoke: A Danger to Children

ETS can cause problems for children later in life including lung cancer, heart disease, and cataracts.

Tobacco Related Injuries and Fires: In addition to the dangers of ETS, smoking around children can also pose fire and burn dangers. According to the latest statistics from the California Fire Incident Reporting System, there were more than 5,300 cigarette-related fires reported in 1994 in California (*Push for Smoke Without Fire*, Sacramento Bee, May 15, 2000). People are dying from cigarette-caused fires, and about a third of those who die are innocent children and adults who don't smoke.¹²

Children can be burned if they play with lit cigarettes, cigars, or with lighters or matches. Cigarette lighters are especially dangerous. Cigarette lighters can be found in almost 30 million homes in the United States. Each year, children under 5 years old playing with lighters cause more than 5,000 home fires resulting in about 150 deaths and more than 1,000 injuries.¹³

Chart 6
Estimated Annual Morbidity And Mortality
In Nonsmokers Associated With ETS Exposure

Condition	Number of People or Cases in the California	Number of People or Cases in Solano County
Developmental Effects		
Low Birth weight	1,200 – 2,200 cases	14 – 25 cases
Sudden Infant Death Syndrome (SIDS)	120 deaths	1 death
Respiratory Effects in Children		
Middle ear infection	78,600 to 188,700 physician office visits	904 - 2,170 physician office visits
Asthma induction	960 to 3120 new cases	11 – 36 new cases
Asthma exacerbation	48,000 to 120,000 children	552 – 1,380 children
Bronchitis or Pneumonia in infants and toddlers (18 months and under)	900 – 1,800 hospitalizations 16 – 25 deaths	10 – 21 hospitalizations 1 death

Source: National Cancer Institute, *Smoking and Tobacco Control Monograph No. 10, 1999 page Es-4*. Solano County Estimates figured from total numbers multiplied by 1.2%. (Solano County is 1.2% of the state's population.)

¹² Andrew McGuire of the San Francisco-based Trauma Foundation cited in *Push for Smoke Without Fire*, Sacramento Bee, May 15, 2000

¹³ American Academy of Pediatrics, 1999, Environmental Tobacco Smoke: A Danger to Children

Chart 7

ETS Exposure in Solano County

In Vacaville, a recent assessment of parents/guardians of children in a preschool setting found that:

- 60% of parents/guardians indicated there was at least 1 smoker living in the home.
- 50% of kids in this group are exposed, to some degree, to ETS in the car.
- 41% of kids in this group are exposed, to some degree, to ETS in the home.
- 16% of children in this group are exposed, to some degree, to ETS from other people being allowed to smoke around them.

Source: Solano County Health & Social Services, Tobacco Prevention & Education Program, Day Care SmokeFree Zone Project, 2000

Tobacco and the Cycle of Harm: If a mother smokes during pregnancy, there is a higher risk of the children becoming smokers themselves. Biological predisposition and behavior modeling pass smoking from parents to offspring. The adolescent girls who smoke become the next generation of pregnant smokers (CCHI The California Center for Health Improvement, December 1999).

D. What Did We Learn from the Publicly Available Data?

A survey of the publicly available data on children was collected for the Commission. The data have been used to validate and explore early childhood issues and concerns. The information provides a snapshot of the state of children in the county, investigating the following issues:

- ***Safety at home***, in terms of
 - Child abuse and neglect
 - Domestic violence
 - Foster care
 - Injuries or accidents
 - Environmental tobacco smoke, or second hand smoke
- ***Support for families***, in terms of
 - Homelessness
 - Traffic
 - Housing
- ***Child care and early education***, in terms of
 - Types of facilities
 - Needs
 - Costs
 - Salaries of child care workers
 - Early education
 - Special education
 - English Learners

- ***Health and well-being***, in terms of
 - Prenatal care
 - Birth outcomes
 - Infant mortality
 - Teen births
 - Prenatal or parental substance abuse
 - Immunizations
 - Nutrition
 - Oral health
 - Mental health
 - Access to health care.

1. Children's Safety in Home

Indicators of children's safety in the home include child abuse, witness to domestic violence, foster care rates, accidents, and exposure to ETS.

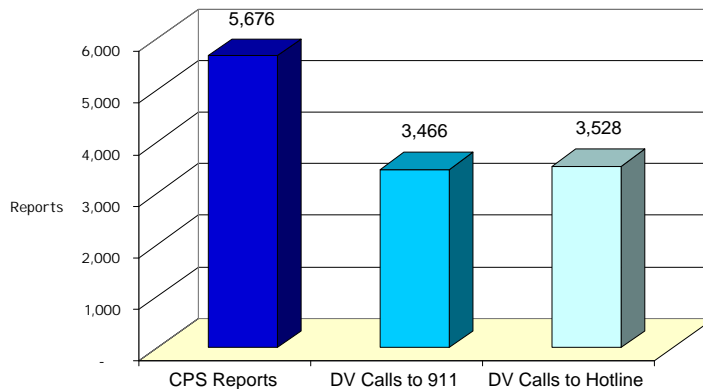
Child Abuse and Neglect

Child abuse and neglect are found in families across the social spectrum. Substance abuse is often a factor. Financial stress and poverty have also been found to have a direct correlation to incidents of abuse. Younger children are at a higher risk. Child abuse results in higher rates of suicide, depression, substance abuse, problems in school, and other behavioral problems in later life for its victims. In addition, children who witness domestic violence often exhibit the same symptoms as those who are directly abused and are more likely to be involved in violent relationships as teens and adults.

The number of reports to Child Protective Services (CPS) typically measures child abuse and neglect. However, child abuse is underreported. Although some studies suggest that one in four girls, and one in six boys, are abused as children, national statistics in 1999 showed that approximately 4% of children were the subject of CPS reports.



Chart 8
Child Abuse and Domestic Violence



Sources: The Children's Network of Solano County. *Community Health Indicators for Children: "All Children will be Healthy and Ready to Learn when They Enter School,"* February 1999. Solano County Health and Social Services Department, *Maternal, Child, and Adolescent Health Community Profile and Local Action Plan, 2000 – 2005*, July 1999.

In 1999, 2,538 reports of child abuse were made to Child Protective Services (CPS), of which, 66% were investigated. In 2000, of the 3,202 reports received, 70% were investigated. This is a substantial increase from 1997 in which the rate of investigations was 38%. The current rate of 71% is comparable to the State average: in 1996, about 70% of 700,000 reports were investigated (Little Hoover Commission, 1999).

The need for substance abuse treatment for parents was raised in the parent, early childhood educator and kindergarten surveys. Parents also raised the need for support in anger management and parenting skills.

Domestic Violence

Children are often witnesses to domestic violence, although there are no data in the County for specific numbers. In 1997, there were 3,466 domestic-violence calls to 911 in Solano County. Three-quarters of these calls involved weapons, and 83% were from Vallejo, Fairfield, or Vacaville. A similar number of calls were made to the Solano Women's Crisis Center's domestic violence hotline (3,528) as to 911. Since 1993, the number of hotline calls increased by 62%. The number of arrests for domestic violence rose steadily and dramatically by 69% from 1992 (496 arrests) to 1997 (838 arrests).

Parents surveyed discussed the need for support and education in terms of their parenting, reducing stress, working together, and problem solving.

Foster Care

Children are placed in foster care when abuse or neglect by their parents endangers their safety. Over the past fifteen years, the proportion of children in foster care has nearly doubled and the absolute number has tripled in the State.

Solano County has consistently enjoyed a lower rate of foster care placements than the state average, although there is significant variability by ethnicity. In 1999, there were 442 children and youth in foster care in the county, and 490 in 2000. The county's foster care placement rate (4.1/1,000) is low compared to the rates for California (9.8/1,000). About 75% of children who entered foster care in 1991-92 were in a permanent home within 4 years of entering foster care, compared to 55% statewide (Little Hoover). In California, the number of children entering foster care has risen much more dramatically than the small rise in Solano County.

Table 3
Solano County and California Foster Care
Prevalence Rates Per 1,000, 1990-2000

	07/90	07/91	07/92	07/93	07/94	07/95	07/96	07/97	07/98	07/99	07/00
Solano	5.4	4.7	4.4	4.1	3.8	3.3	3.7	3.0	3.3	3.7	4.1
California	8.3	8.3	8.4	8.5	9.1	9.1	9.7	9.9	10.5	10.4	9.9

Source: U.C. Berkeley, Performance indicators for child welfare services in California: Caseloads updates from CWS/CMS extract through quarter two, 2000.

In Solano County, the average number of months in foster care has decreased from 35.4 in 1996 to 28.9 in 1998. At the same time, the foster care caseload is increasing. Twenty-three percent of the children in foster care are 0 – 5, and 59% of foster care children are non-Caucasian. Between 1993 and 1996, about 16% of the county's children who were placed in permanent homes re-entered the foster care system within three years, about the same as statewide.

Foster agencies received \$1,362 per month for children 0 - 4, split between the agency and the foster family in November 1998. The family must receive a minimum of \$522 of that amount.

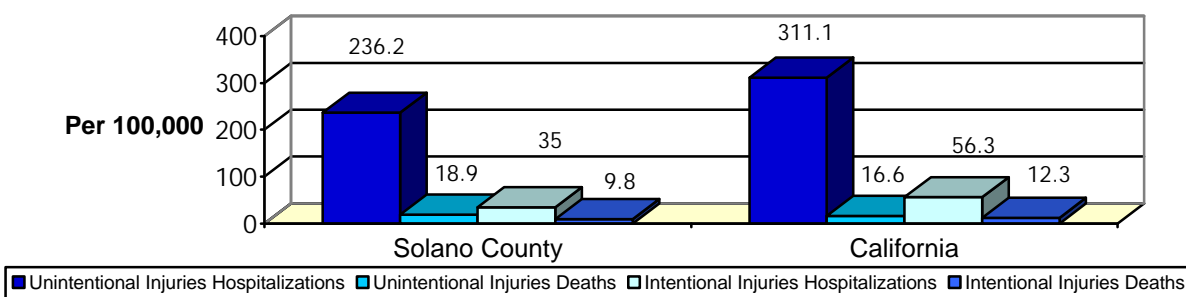
The priority placed on parental support and education in the community input shows the knowledge of the linkage between parental stress and poor parenting skills and poor outcomes for children, which can result in foster care placements.

Injuries

Injuries are the most common cause of morbidity and mortality among children, and are often preventable. **Intentional** injuries are those inflicted through an assault, such as physical violence, knife, gun shot wounds, etc. **Unintentional** injuries comprise accidents such as cuts or piercing, falls, drowning, burns, firearms, machinery, motor vehicle traffic, bicycle, pedestrian, other transportation means, natural or environmental,

overexertion, poisoning, suffocation, and the like. Hospitalizations due to these injuries in Solano County were lower (236.2/100,000) than the State's (311.1). Deaths due to unintentional injuries among this age group over the course of three years surrounding 1996 were higher (18.9/100,000) than the State's (16.6). From 1993 to 1996, the death rate has worsened slightly, while state trends show a steady improvement.

Chart 9
Injury Rate In Solano County and California



Source: Children's Network of Solano County. *Community Health Indicators for Children*, February 1999.

There were a total of 80 children 0 – 4 hospitalized for nonfatal injuries in the county in 1997, and nine children who died as a result of injuries. Most of the injuries were unintentional, and in fact, most of the intentional injuries were fatal, as can be seen in Table 4.

Table 4
Nonfatal and Fatal Injuries in Solano County 1997, Children 0 – 4

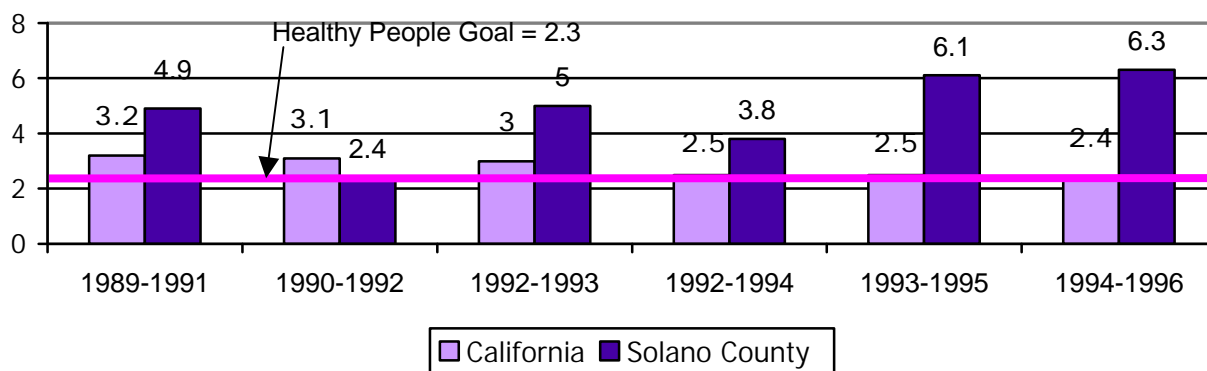
Cause of Injury	Nonfatal Hospitalized Injury	Fatal Injury
Total Injuries	80	9
Unintentional Injuries	73	6
Cut/Pierce	3	
Drowning/Submersion	2	3
Fall	34	
Burn	6	1
Motor Vehicle Traffic	10	2
Natural/Environmental	3	
Poisoning	13	
Suffocation	2	
Other Unintentional	10	
Intentional	2	3
Undetermined	1	

Source: California Office of Statewide Health Planning and Development, Hospital Discharge Dataset, 6/14/99 and DHS Death Records.

Solano County has met the Healthy People 2000 goal for deaths caused by motor vehicle crashes among children ages 1 – 14. In 1996, the death rate in Solano County was 3.4/100,000, compared to the State's 4.6, and the Healthy People goal of 4.4.

However, deaths caused by swimming pool drowning for children ages 1 – 4 years in 1996 was almost 3 times higher (6.3/100,000 children in the age group) than the State's (2.4) and the Healthy People 2000 goal of 2.3. From 1989 to 1996, the drowning rate among Solano County children under age four has increased, while at the state level, the rates have improved, dropping consistently over the last eight years (Chart 10).

Chart 10
Deaths by Drowning in Swimming Pools among Children 1 – 4



Source: Microcomputer Injury Surveillance System, Vital Statistics Section, CDHS, California Department of Finance, Demographic of Finance, Demographic Research Unit, January 1998 Estimates.

The need for education about safety, in terms of injury prevention was raised throughout the community input. All groups raised education about bicycle helmets, drowning prevention, seat belts, and other safety measures.

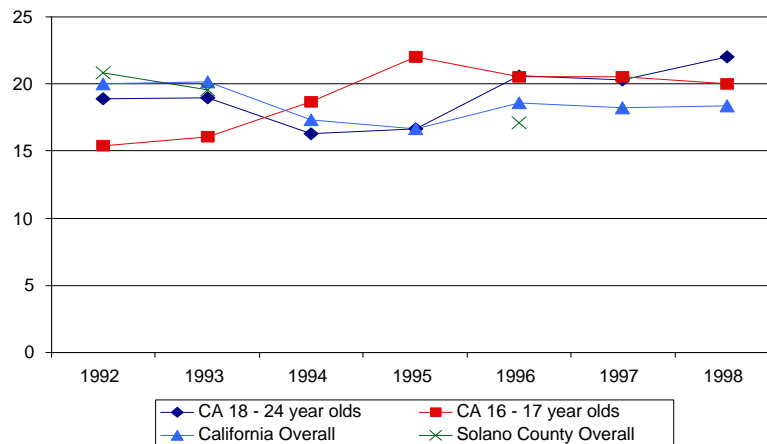
Exposure to Environmental Tobacco Smoke

In 1996, 11% of California's children under six years old were exposed to ETS.¹⁴ Using population estimates, at least 3,500 Solano County children under five years old were exposed to ETS.¹⁵ However, according to California data not all children have equal exposure to ETS.

¹⁴ *Tobacco Control in California: Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-96*; University of California, San Diego

¹⁵ 1998 Solano Coalition for Better Health Community Assessment.

Chart 11
Smoking Rates in California and Solano

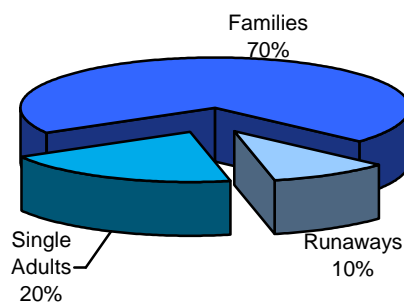


Solano County's adult smoking rates, as well as California's, have decreased or remained static since the advent of Prop 99 funded projects; however, there have been increases in the 18-24 year old group (See 12). This is noteworthy because this group of young adults (18-24 years) is the prime childbearing group in the next decade. In 1998, in Solano County, the number of women of childbearing age was estimated at over 86,186 (1998 Solano Coalition for Better Health Community Assessment). Based on the California smoking prevalence rate of female smokers of childbearing age being 16.5% in 1996, we can estimate that at least 14,221 women of childbearing age are current smokers in Solano County.

2. Support for Families

Strong, successful families are those who best provide for the physical, mental, and emotional development of their children. Therefore, family support and parent education are critical to children to encourage the development of a strong self-concept from an early age and therefore achieve a productive, fulfilling life. Specific supports are needed for low-income families.

Chart 12
The Homeless



Source: Solano County Health and Social Services, *Solano County Health Status Report for 1999: An Average Day in Solano County*.

Solano has the third highest number of homeless people in the Bay Area, following Alameda and Contra Costa counties. There are three shelters, in Vacaville, Fairfield, and Vallejo. Each accommodates men, women and children. According to an article in the *San Francisco Chronicle* in 1998, in a given year, Solano County serves an estimated 12,000 homeless people. According to countywide statistics released in January of 2002, Solano County's Health and Social Services Department reported that up to 4,500 people are homeless on any given day, or night, in the county. Of these numbers, some 70% are families. In addition, approximately 7% of the local homeless population is under 18 years of age. With only 164 beds available, the ratio of homeless people to shelter beds is 73:1, the worst ratio in the Bay Area. The Solano County Health and Social Services Department estimates that over 13,000 people are homeless for some period during any single year.

The number of homeless children is on the rise: according to data from the Multi-Service Day Center for the homeless, 26% of homeless people served in July 1999 were children, while only 7% were children in January 1999. The need for adequate affordable housing was raised throughout the community input.

Traffic and Housing

Solano County has the most affordable housing of the nine Bay Area counties. However, many of its residents commute long distances to work in San Francisco, Oakland, and Sacramento. With many parents commuting up to two hours in each direction, they need flexible child care hours. The average home price was \$145,250 in 1998. (Department of Finance, 1999.) Affordable housing to low income and very low-income households in the county is becoming difficult to find, especially in Vallejo, Fairfield, and Vacaville. Currently, there are only 449 private sector units available as affordable housing to the low and very low-income households countywide.

Although 65% of county residents owned their own homes according to the 2000 census, it is increasingly difficult for a first time home buyer to purchase a home. For the working poor, home ownership is basically out of the question. Rental costs for a two bedroom apartment in 1998 were \$711 monthly, 74.2% of minimum wage at the time (Children Now 2000).

Transportation is critical to child care, but is often ignored. Getting children to and from child care can add an hour or more to a parent's daily commute, particularly if different child care providers care for children of various ages. For parents without cars, inadequate public transportation means their child care choices are severely limited. Even for parents with cars, the isolation of rural areas and the traffic jams of urban areas greatly increase the difficulty of reaching child care that isn't close to home or work. Resource and referral counselors believe that improving the integration of transportation and child care would significantly increase access to child care (California Child Care Resource and Referral Network, 1999). Recommendations include upgrading public transportation in general, placing child care at transportation hubs, and including child care in infrastructure planning.

Each city has its own independent public transit system. Despite existing links between cities, it can take an unreasonable amount of time to travel from one city to another on

public transit. For families with small children, this excessive time constitutes a major barrier to accessing services. In addition, there is no public transportation linking Rio Vista to the rest of the county. Para transit services are available only for the elderly and disabled population. The 2000 Census reported that 3.6% of the households in the county did not own a vehicle, 27.5% owned one, and 67.2% owned two or more. The majority of the residents worked within the county.

Commuting by bus can cost between \$40-\$80 per month, compared to average car commute costs of \$244 per month. This accounts for 7% of a two-working parent family's budget, 9% of a two-parent (one working) family's budget, and 8% of a single-parent family's budget.

Almost a quarter of the parents surveyed raised concerns about the lack of transportation as a barrier to health care, jobs, and family support.

3. Child Care and Early Education

Child Care

Because the role of education in a child's later ability to create a healthy, fulfilling life is crucial, skills developed in early education settings – both academic and social – must be nurtured, enhanced and supported. Children, who are enriched culturally and developmentally want to learn, explore, question, and test ideas. These are qualities they will carry throughout their education.

Child care is currently one of the most crucial and emotionally charged issues of welfare reform. If the reforms work as intended, many more mothers who now stay at home with their children will be joining the workforce. If mothers are out working, the quality of child care provided by others will largely determine how well the children fare. Research has shown that children benefit when caregivers are trained and the ratio of staff to children is high. But high-quality child care is expensive, and as states and counties have less money to subsidize child care than previously.

Of particular note is Head Start, the federal matching grant program that seeks to improve the learning skills, social poise, and health of poor children so they can start school on an equal footing with their more advantaged peers. A recent RAND/UCLA study examined the program's effectiveness and found that Head Start has a positive and persistent effect on the cognitive achievement of children.

Types of Child Care Facilities

Child care is one of the most pressing problems for California's parents. In a recent statewide poll conducted by The Los Angeles Times, 83% of parents said that it was difficult to find affordable, high-quality child care.

The options for child care generally fall into three categories: licensed, license-exempt, and illegal. Licenses are awarded for two types of facilities in California. Child care centers, typically operated outside the licensee's home, provide child care and supervision to infants, toddlers, preschoolers, or school-age children. The centers are usually in public buildings, such as schools, churches, and a variety of other settings.

Licensing requirements address the amount of usable space, number of restrooms, and the size of the outdoor play area. Qualified staff must have completed at least 12 units of Early Childhood Education in order to work with infants and preschoolers.

Family child care homes are always operated in the licensee's home. These residential settings can serve a maximum of either eight or fourteen, depending on the size and staffing. These facilities may also serve the full age range of children. Most of the growth in child care supply has been in family child care homes, which now provide 32% of all licensed child care slots in the state, a slight increase from two years ago. Although there was little growth in the number of licensed homes, the number of slots at these homes grew 11% over the two years. In Solano, there was actually a 22% drop in the number of family care homes, from 879 in 1996 down to 682 in 1998, with a resultant 14% drop in number of slots for all age children.

Settings that are exempted from licensing include:

- Relative care, from a family member;
- Cooperative care, for no more than 12 children, with parents rotating as caregivers;
- Care for one family;
- Public recreation programs;
- Extended day care, provided to school-age children by a public or private school, if the school is responsible for the entire program;
- Parents-on-site care, in which parents are participating in an activity on site and are readily available;
- Nanny care, in the children's own home;
- Parents in school or adult education child care, for children on the school premises attended by the parents;
- One-day-a-week care, basically respite programs for parents;
- Instructional child care, which offer instruction to school-age children for not more than 30 consecutive days during school vacations or breaks; and
- Activities-based child care, such as recreation programs.

If not specially exempted, care and supervision of children without a license is illegal, and can result in a civil penalty or misdemeanor citation.

Child Care in Solano County

An increasing number of mothers with young children work outside the home. These families, and single parent families with a working parent, need safe, affordable child care. According to the California Child Care Resource & Referral Network (CCCRRN), 55% of children 0 – 5 (21,852) in the County have either two working parents or an employed single parent.

In 1999, there were 8,700 slots in licensed child care facilities for children 0 - 5, while there were 21,852 children needing care. There were 2.5 times more children needing care than slots available in licensed facilities. The Solano Family and Children's Services (SFCS) reported that there were 575 Family Child Care Homes and 71 Child Care Centers in July 1999. There are approximately 250 other licensed providers in the community that may or may not actively offer child care.

Table 5
Number of Family Child Care Homes and Centers in Solano County

Town	Family Child Care Homes		Child Care Centers		Total Capacity
	Number	Capacity	Number	Capacity	
Benicia	38	386	8	377	763
Dixon	26	251	7	347	598
Fairfield	145	1,388	17	927	2,315
Rio Vista	2	22	1	30	52
Suisun	70	632	4	219	851
Vacaville	144	1,356	15	1,096	2,452
Vallejo	150	1,554	19	1,262	2,816
Total	575	5,589	71	4,258	9,847

Source: Children's Network of Solano County, Child Care Needs in Solano County: Report of the Children's Network. September, 1999.

SFCS serves as the resource and referral agency for the County. SFCS received 4,303 requests for child care referrals in 1998. The largest number of requests came from Fairfield (38%), Vallejo (19%), Vacaville (20%), and Suisun (11%). The remaining 12% were from Benicia, Dixon, Rio Vista, and American Canyon.

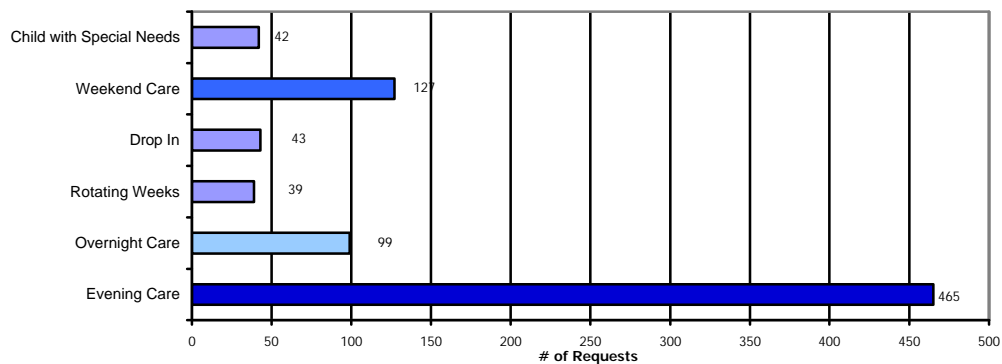
Requests for infant care, preschool care, and school-age care were nearly the same at 32%, 34%, and 34% respectively in 1998. By 1999, the proportions had changed to 25%, 43%, and 32%, respectively. Approximately 69% of the requests for children 0 – 5 were for full-time care in 1999, 35 or more hours per week. Part time care requests, for less than 35 hours per week, made up 32% of the calls.

Family child care represented 91% of the calls, while 76% requested information about centers. Many people ask about both licensed centers and family child care homes when requesting an initial search for child care.

SFCS also collected data on requests for special care. Before school care requests and evening care requests were highest, both at 33%. However, care is available during non-traditional hours in only 5% of licensed and license-exempt centers, and 31% of family child care homes (See Chart 13).

Chart 13 Requests for Special Care

Source: Children's Network of Solano County. *Child Care Needs In Solano County: Report of the*



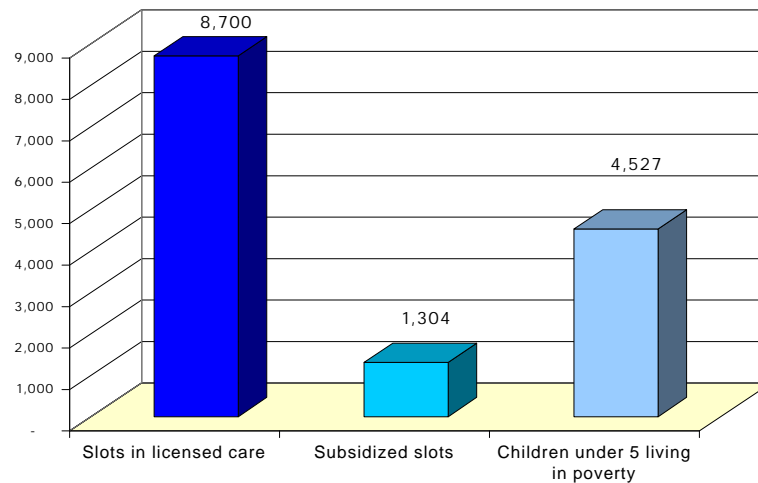
Children's Network, Local Planning Council. September, 1999.

A total of 1,304 government-subsidized child care slots are available for low-income parents, through Head Start, State preschools, State-subsidized child care centers, and voucher programs, which allow parents to choose their child care provider. Families with less than 75% of the State median income (\$33,852 for a family of three in 1998) are thus eligible for subsidies, leaving a countywide shortfall of subsidized slots. While the number of children eligible for these subsidies is not known, it is known 11,112 children 0 – 5 live in low income families, defined as incomes below \$30,000¹⁶, so that at least 9,800 children eligible for subsidies wait for slots.

Although the welfare-to-work program has provided new funding to help participants pay for child care, many low-income working parents outside the welfare system do not receive any financial assistance. Many of these families qualify for subsidies based on their income, but do not receive them because the subsidy programs are under funded. These working families are at risk of entering the welfare system if they cannot locate dependable, affordable child care. In addition, current CalWORKS parents who currently benefit from subsidies are likely to find that when these subsidies end, their earnings will be insufficient to pay for the child care they need in order to keep working.

¹⁶ Please note that low-income families can have incomes above the federal poverty level. Low-income families are defined as those with incomes below \$30,000, whereas the federal poverty level for a family of four in 2000 is \$17,050. Therefore, there are more low-income children than children living in poverty.

Chart 14
Licensed and Subsidized Child Care and Children in Poverty

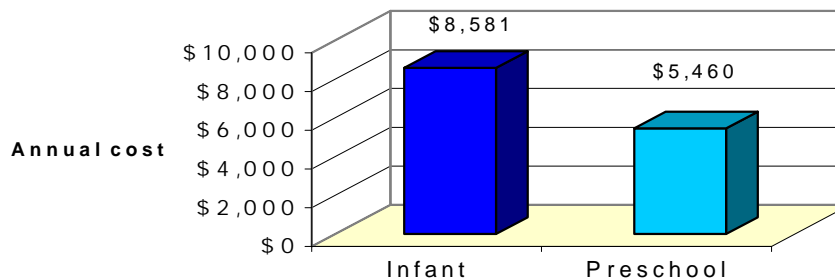


Source: Children's Network of Solano County. Subsidized Child Care Needs in Solano County: Preliminary Report of the Children's Network, Local Planning Council, Revised April 1998. CCCRRN, California Child Care Portfolio, 1999.

Please note that the number of subsidized slots is for all ages, whereas the slots in licensed care is for children 0 – 5 only.

The need for child care is estimated based on the 55% of children 0 – 5 with working parents. Of the 35,730 children age 0 - 5, an estimated 21,852 need child care.

Chart 15
Annual Cost of Child Care for One Child



Source: Children's Subsidized Child Care Needs in Solano County: Preliminary Report of the Children's Network, Local Planning Council, Revised April 1998. California Child Care Resource and Referral Network, California Child Care Portfolio 1999.

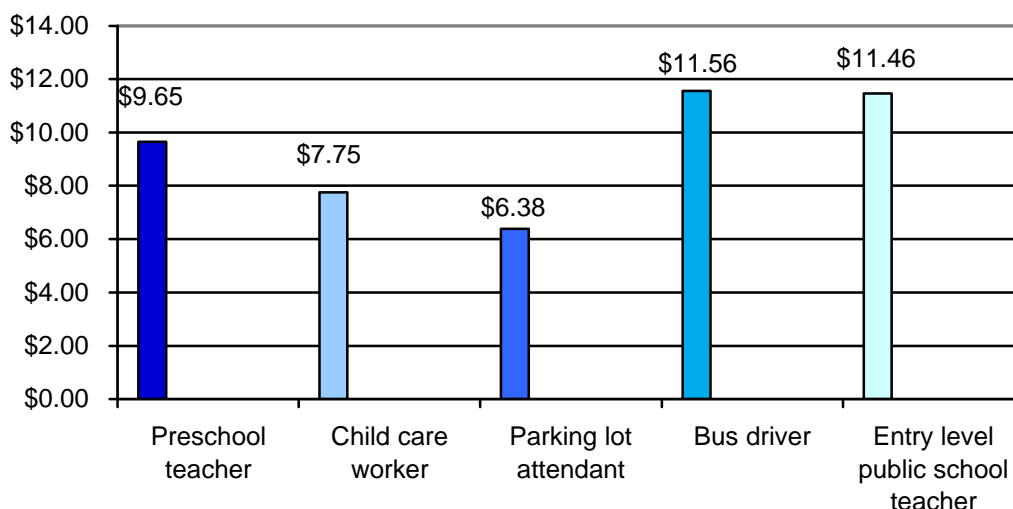
Quality child care is unaffordable for many working families in Solano County. The average cost for full-time care for a child under two in a licensed child care center is \$545 per month, or \$6,552 per year. Full-time child care for children between the ages of 2 and 5 in a licensed child care center costs \$423 per month, or \$5,070 per year. This cost can be prohibitive for a parent earning only the minimum wage.

The cost of child care is daunting. A family at minimum wage must spend 72% of its income to pay for an infant at a licensed child care center, leaving virtually nothing left over for food and shelter. A low-income family, with a family income of less than \$30,000, will spend 29% of its income on infant care. Even a family with the county median income of \$48,098 will spend 18% of its income on infant care.

The need for quality, accessible, and affordable child care was raised by 35% of the parents in surveys and was raised most often in community meetings. Early childhood educators and kindergarten teachers also raised this issue in their surveys.

Child Care Salaries

Chart 16
Hourly Wage Comparison



Source: California Child Care Resource & Referral Network, *California Child Care Portfolio 1999*.

Many counties face a preschool teacher and child care worker shortage, forcing preschools and child care centers to scramble to fill positions. Low wages make professions in child care unattractive when compared to other career options. Turnover among child care providers is higher than ever, diminishing the potential for children to form important relationships with caregivers and to develop the sense of security critical to quality care and healthy development.

The statewide average salary of a child care worker is \$16,140, or \$7.75 per hour. A preschool teacher earns on average, \$20,090, or \$9.65 per hour. For comparison, the average salary statewide for an entry-level public school teacher is \$23,835, or \$11.45 per hour. According to the Children's Network of Solano County, most child care workers in the state do not receive paid health benefits. In private non-profit child care programs, 31% of child care staff receives paid health benefits, while in for-profit programs, 29% received them.

The turnover rates for early childhood educators are recognized to be very high (Table 6). Community members stressed the need for adequate pay for providers to foster competent and qualified teachers.

Table 6
Early Childhood Education Turnover Rates, 1996

	Teachers	Assistant Teachers
Private For Profit	31%	34%
Private Nonprofit	28%	39%

Source: California Child Care and Development Compensation Study, 1996. NCECW/AIR.

Subsidized Child Care Programs

The State of California subsidizes various child care programs, administered through the Department of Education (CDE) and the Department of Social Services (DSS). Solano County participates in the following programs:

Alternative Payment Program offers an array of child care arrangements for parents including in-home care, family child care, and center care, unlicensed homes, and exempt providers. This service most often takes the form of vendor payment to a provider. In Solano County, Solano Family & Children's Services administers the program for Stages I, II, and III of CalWORKS.

Campus Child Care is offered at Solano Community College. Subsidized through a number of federal and state programs, the program includes full and part-day programs for children from four months to kindergarten entrance, as well as morning and afternoon programs for three and four year old children. The program is open to students, faculty and staff on a sliding scale basis. Currently there are 71 children, age birth through three years and 79 children three years through five years in the program. There is a waiting list of 522 children, 64% waiting for subsidized care. The program increased its staff by 15% with the advent of CalWORKS.

General Child Care and Development programs use centers and networks of family child care homes for child care and development services from infancy through age 13. The program serves parents who are either working or in school with child care. In 1998, the program served approximately 520 children year round.

State Preschool Programs offer part-day programs with comprehensive educational, health, and social service programs for very low income 3 and 4 year olds. Solano County has 413 State Preschool half-day slots as well as 30 full-day slots in Vallejo. Every city with 200 or more poor children has an existing State Preschool facility except Vacaville, the city with the third highest need. Fairfield/Suisun City has no waiting list and all other cities have small waiting lists, but more than their share of existing supply.

Infant/Toddler Care provides in Vallejo for 40 children, with 100 more on a waiting list. Dixon's program provides 39% of the county's supply and has a significant waiting list.

Migrant Child Care is available in state-owned migrant housing camps and in out-of-camp facilities during peak agricultural periods for families of agricultural workers. Migrant programs provide bilingual support services to families in addition to child care and development services. Dixon has the only migrant program in the county. In 1998, there were only 130 children receiving migrant care services in the county, whereas there are 6,800 workers in the Napa/Solano County area.

Respite Care provides short-term child care for families in crisis. Children must be identified by professionals as being neglected, abused, exploited, homeless or at-risk thereof. In Solano County, the Respite Care Program currently serves 23 children, with a waiting list of 48 children.

Child Care Under CalWORKS mandates child care for children birth through age 10. In Solano County's SolanoWORKS, children up to age 12 are provided child care if funding is available. SolanoWORKS can also pay for children who need supervision because of a physical, mental or developmental disability or who are under court supervision. The county employs a three stage system. Stage I is administered by DSS and begins when a participant enters the SolanoWORKS program. The participant is referred to the Resource and Referral Agency to find and pay for child care as part of their plan to move from welfare to work.

Stage II is administered by CDE through the Alternative Payment programs. SolanoWORKS families are transferred into Stage II when the County determines stability or when the participant is transitioning off aid. Families are limited to two years after the family stops receiving a SolanoWORKS grant.

State III is also administered by CDE through the Alternative Payment program as well. A family can remain in Stage III as long as the family remains eligible for CDE child care and a space is available. The SCH&SSD reports the 12,666 children under 19 are currently receiving TANF. Of that number, 8,810 are under 11 years and 338 are six months and younger. The Board of Supervisors voted to exempt only the parents of children under six months from work requirements. With 10,025 children in the county 12 years old and under and currently on TANF, and an estimated cost of \$4,200 per year (the average cost of subsidized care), the total cost to meet the needs of TANF recipients would be about \$34 million. When the new welfare to work program is fully implemented in Solano County and all TANF recipients are in work or training programs, at least \$24 million in additional funding will be needed to cover the cost of child care for a full year.

With the exception of Head Start, federal financing of child care comes through the welfare to work programs. Currently, Solano County has received \$1,093,976 from the federal block grant funding, when serves 204 children.

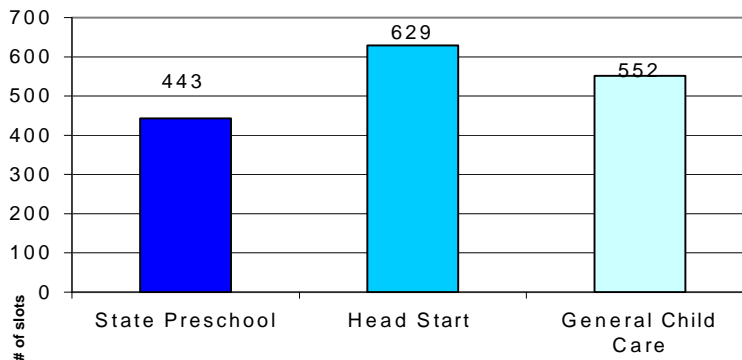
Early Education

There are a number of indicators for children's readiness to learn, although this is an area where more focused and in-depth data are needed, as there are no state standards currently available. Quality preschool experience, income, native language, mental health, and special needs are all factors that need to be taken into account in readiness to learn.

Preschool experience can provide children with the necessary social and cognitive skills to prepare them for school. Quality preschool experience helps children prepare for kindergarten by providing developmentally-appropriate social, behavioral, and cognitive experiences. Accreditation is often used as a measure of quality, because it reflects adherence to high standards of staff training and program development.

Another indication of quality preschool experience is enrollment in federally-subsidized (Head Start) and State-subsidized preschools. Head Start provides part-day, part-year programs for low-income children age 3 to 5, including health, parent education, and socialization. The county has 629 Head Start spaces and another 443 spaces in accredited State preschools, as well as new spaces funded by recent State allocations.

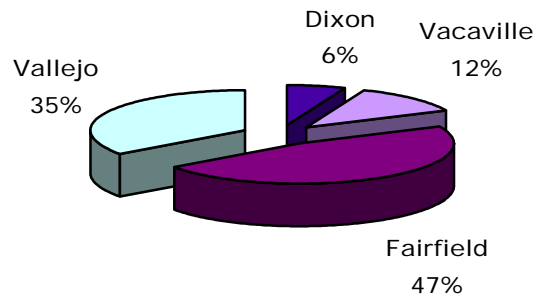
Chart 17
Availability of State Preschools, Head Start, and General Child Care
(Subsidized)



Source: Children's Network of Solano County. *Child Care Needs In Solano County: Report of the Children's Network, Local Planning Council.* September, 1999

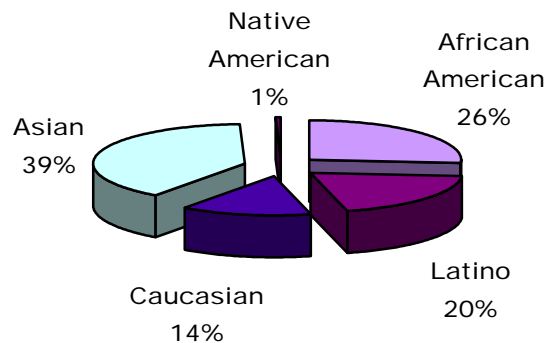
The bulk of the Head Start spaces are in traditional school year, part-day programs (549), but it now offers 80 spaces for full-day, year round programs to assist parents who are transitioning from welfare to work. Napa/Solano Head Start has centers in Dixon, Vacaville, Fairfield, Suisun City, Travis Air Force Base, and Vallejo.

Chart 18
Head Start Locations in Solano County



Source: Children's Network of Solano County. *Child Care Needs In Solano County: Report of the Children's Network, Local Planning Council.* September, 1999.

Chart 19
Ethnicity of Head Start Participants in Solano County



Source: Children's Network of Solano County. *Child Care Needs In Solano County: Report of the Children's Network, Local Planning Council.* September, 1999.

The Migrant Education Program is a federally funded program designed to provide supplementary education and support services to migrant families, ages 3 – 21. In Solano County, the program is administered through the Migrant Education Program, Region II located in Woodland, California, serving Dixon, Fairfield, Vacaville and Rio Vista. There are 791 children enrolled in the program: 28 infants, 53 toddlers, 91 preschool, and 619 school-age children.

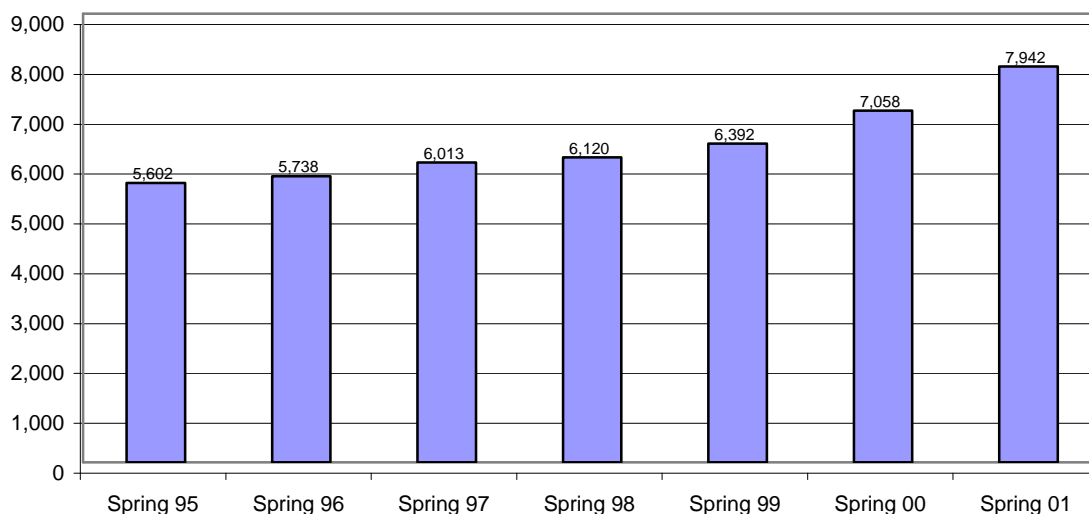
Family income is predictive of success in school, because it is correlated with parent education and access to literacy and other resources in the home. In addition, low-income students are often concentrated in neighborhoods and schools that lack resources. Poverty is concentrated in Dixon, Fairfield-Suisun City, Vacaville, and Vallejo. The county has a poverty rate of 24.7%, and the concentration of children in these communities is 19%, whereas, countywide, 16.4% of children 0 – 4 live in poverty (Children's Network, 1999). Approximately 5,400 children 0 – 5 currently receive TANF, or 15.2% of the population.

Limited English Proficiency

Children with Limited English Proficiency (LEP) are often in need of special educational support because they come from low-income families with low literacy rates. The five major languages spoken in Solano County are English (88.4%), Spanish (8.2%), Tagalog (1%), Vietnamese (0.8%), and Lao (0.7%) (California Department of Health Services, 1999).

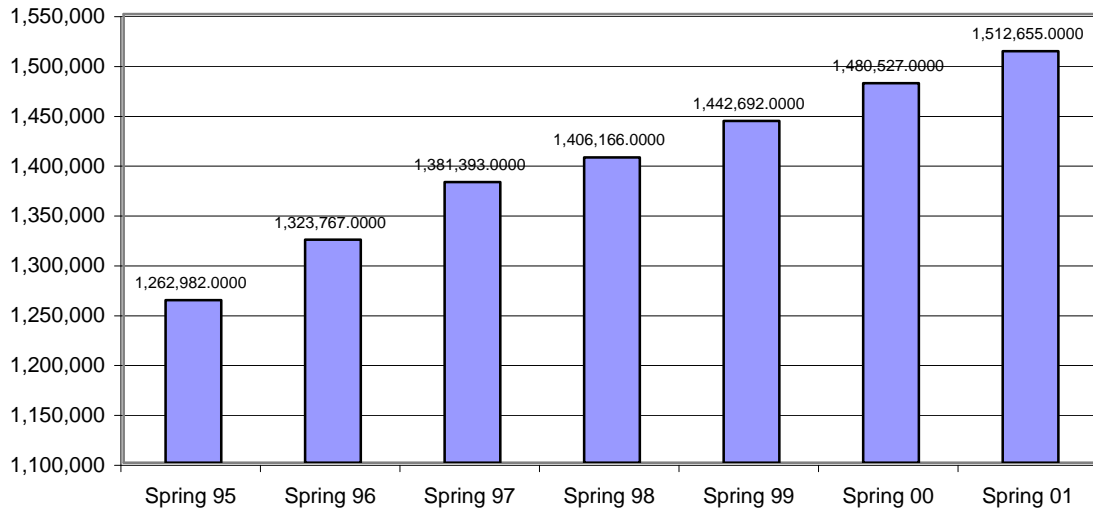
The schools classify nine percent of the county's children as Limited English Proficient (LEP), lower than the State average of 24%. LEP students are more likely to be poor, with less educated parents, and are often isolated in less affluent schools. These factors put the children at risk for poor educational outcomes and they often need special assistance. In support of these data, culturally and linguistically appropriate services and staffing were also raised as needs in the community input.

Chart 20A
English Learners in California Public Schools -
Solano County



Source: California Department of Education, Educational Demographics Unit.

Chart 20B
English Learners in California Public Schools



Source: California Department of Education, Educational Demographics Unit.

Children with Special Needs

Solano County Office of Education's Special Education Local Plan Area (SELPA) currently serves 8,494. Of those, 74 were ages 0 – 2, and 329 were ages 3 – 4. The children identified at this early age are generally those with obvious disabilities, such as Down's Syndrome, cerebral palsy, blindness, deafness, and autism. Many young children with disabilities are not identified through the SELPA's identification system, because the resources for outreach are often lacking. Early identification, however, can lead to early intervention. Because our brains are most malleable and susceptible to positive remediation, at the earliest ages, the sooner this intervention is provided, the more likely and lasting the benefits.

The North Bay Regional Center, which serves the counties of Solano, Napa and Sonoma, provides services to residents with developmental disabilities. It provides the Early Start Program for children 0 – 3. Eligible children and their families may receive a variety of early intervention services. Based on the child's developmental needs and the individual family's concerns, priorities, and resources, services may include assistive technology, including devices or services; audiology or hearing services; counseling, home visits, and training for the family; health services necessary for the child to benefit from other early intervention services; medical services for diagnosis and evaluation only; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; respite services; service coordination; social work services; special instruction; speech and language services; transportation and related costs necessary for the child to receive services; and vision services. Early intervention services are delivered through county offices of education or school districts, regional centers, and public and private agencies which are all part of California's Early Start Program in your community.

Young children with special needs should be identified early in order to be able to provide the most appropriate interventions. Section 504 of the Federal Rehabilitation Act provides that children with specific learning disabilities and other conditions be identified as having special needs and receive individualized education and other services. In addition to children served through education agencies, regional centers and other providers serve a small number of children. Providing early identification and intervention for children with special needs and respite and other support for their parents was a priority in the community input.

4. Health and Well-Being

Children healthy in mind, body, and spirit are more likely to grow up confident in their ability to live a fulfilling, productive life. Consequently, healthy nutrition, healthy environments, and access to health care are essential needs of children and families. Health encompasses physical, dental, and mental health.

Prenatal Care

Inadequate prenatal care often reflects a lack of access to health resources and can result in lower birth weight, infant mortality, and malnutrition for mother and infant. Adequate prenatal care, commonly defined as a function of the timing and number of prenatal visits, is cost-effective and results in healthier babies.

Solano County's first-trimester rates had been significantly decreasing from 1996 to 1998 and the County Health and Social Services, Maternal, Infant and Child Health Bureau is investigating this phenomenon. Noteworthy also, has been the rise in the rate of "unknown/other" category from 1999 to 2000. The explanation for this is that prenatal-care records are increasingly becoming unobtainable by the County's birth hospitals by the time that the birth certificate is completed for transmission to the State Department of Vital statistics.

When the numbers of "unknown" and the total numbers of live births are deleted from the below Table 7A for 1999 and 2000, the percentages of prenatal care in the first, second and third trimesters change. The changes are as follows: 1999--1st trimester-73%, 2nd trimester-22%, 3rd trimester-5%; 2000--1st trimester-74%, 2nd trimester-21%, 3rd trimester-5%.

Table 7A
First Trimester Prenatal Care

Year	1 st Trimester	2 nd Trimester	3 rd Trimester	None	Unknown/Other	Total # of live births
1996	4646 (72.5%)	1332 (20.8%)	355 (5.5%)	76 (1.2%)	0	6403
1997	4533 (71.7%)	1087 (17.2%)	586 (9.3%)	58 (0.9%)	54 (0.9%)	6318
1998	3699 (62.4%)	982 (16.6%)	1190 (20.1%)	57 (1.0%)	0	5928
1999	3061 (58.8%)	915 (17.6%)	219 (4.2%)	0	1013 (19.5%)	5208
2000	3155 (57.9%)	880 (16.2%)	208 (3.8%)	0	1205 (22.1%)	5448

Source: California DHS, Maternal, Infant and Child Health Branch

A major goal of the County's Maternal, Infant and Child Health Bureau is to increase access to and utilization of prenatal care by the Medi-CAL population. Activities and interventions that targeted this population included a prenatal-care campaign. Other efforts were Eligibility and provider training and education, Pregnancy Index Card and outreach efforts such as Health Fairs.

Table 7B
First Trimester Prenatal Care

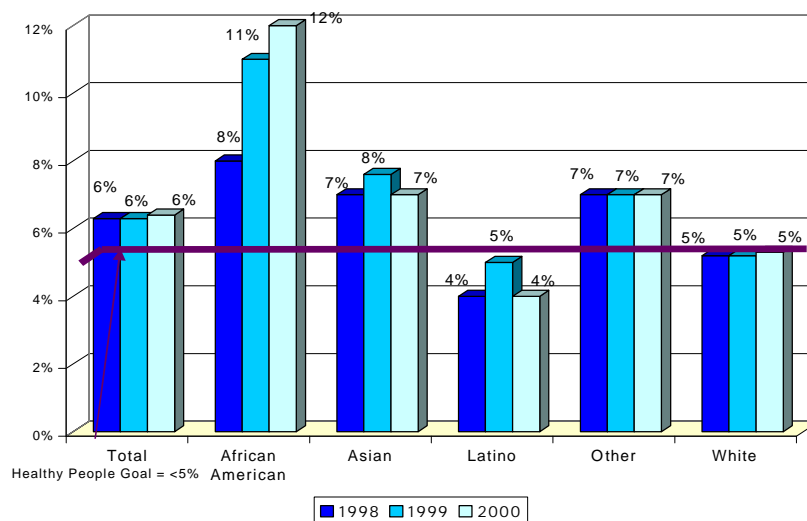
Year	1 st Trimester	2 nd Trimester	3 rd Trimester	None	Unknown/ Other	Total # and % of Medi-CAL Live Births	Total # of live births
1996	428 (47.8%)	773 (39.8%)	240 (12.4%)	0	0	1941 (30%)	6403
1997	930 (53.6%)	568 (32.7%)	228 (13.1%)	0	9 (0.5%)	1735 (28%)	6318
1998	795 (52.3%)	501 (33.0%)	223 (14.7%)	0	0	1519 (26%)	5928
1999	1275 (63.0%)	500 (24.7%)	146 (7.2%)	0	103 (5%)	2024 (28.9%)	5208
2000	1356 (64.5%)	476 (22.6%)	156 (7.4%)	0	114 (5.4%)	2102 (38.6%)	5448

Source: California DHS, Maternal, Infant and Child Health Branch

Low Birth weight

Low birth weight is correlated with poor prenatal care and is a risk factor for a variety of developmental problems including infant death. In 2000, 6% of the county's babies were low birth weight (less than 2,500 grams, or 5.5 pounds, at birth). The Healthy People 2000 objective is that fewer than 5% of babies be low birth weight. Babies of very low birth weight (less than 1,500 grams) are especially fragile. In 1997, there were 120 babies (1%) who were very low birth weight, of a total of 10,050 births.

Chart 21
Solano County Low Birth Weight, By Race, 1998 - 2000



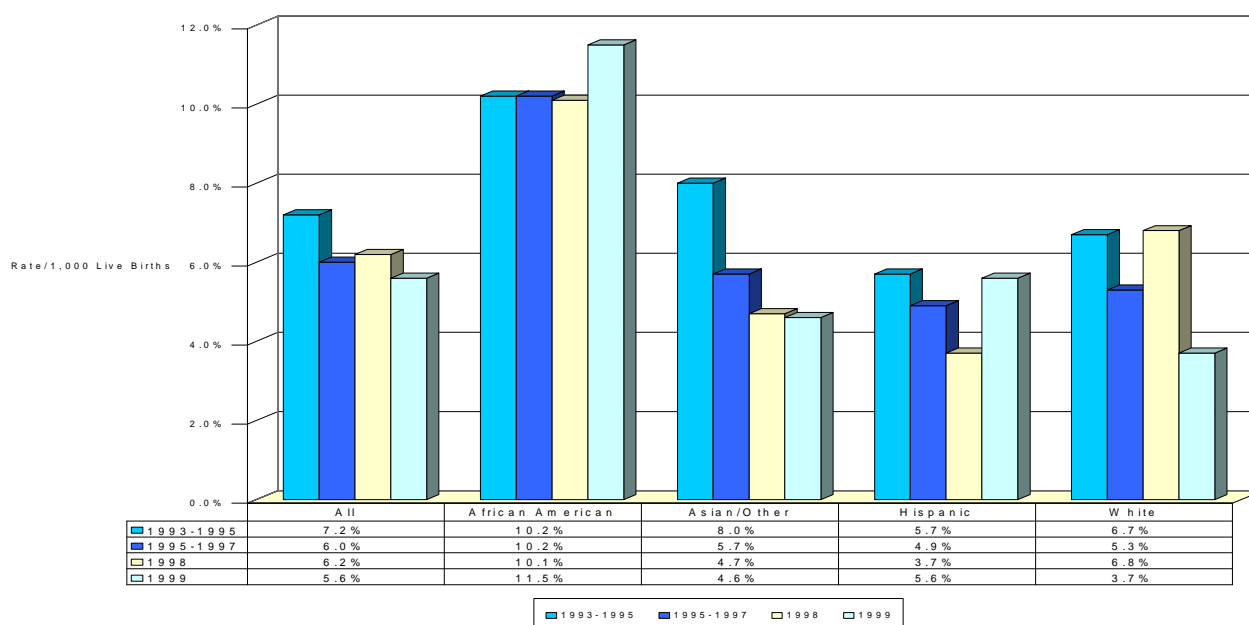
Source: Automated Vital Statistics System, California DHS

Infant Mortality

Infant mortality measures how many babies die before their first birthday and is correlated with poor prenatal care and low birth weight. The infant mortality rate for State of California was 5.3 per 1,000 live births in 1999 (CA. Dept. of Health Services 1999). The infant mortality rate in Solano County has fluctuated between 1995 and 1997, and has reached the Healthy People 2000 objective of no more than 7 deaths per 1,000 births for the overall population, with the exception of 1996. There were 31 deaths total in 1999, a 5.6 rate for Solano County. The primary causes of infant mortality are certain perinatal conditions, birth defects, and Sudden Infant Death Syndrome (SIDS).

Infant mortality was one of the four top priorities of two of the groups setting up the MCH strategic plan in 1999.

Chart 22
Infant Mortality Rates/1,000 Live Births, By Race, 1993-1995,
1995-1997, 1998-1999

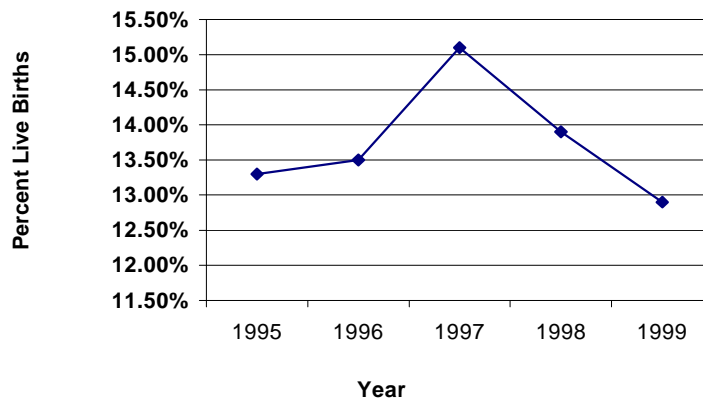


Source: County Health Status Profiles 2001, California DHS, California Conference of Local Health Officers

Teen Births

Teen births are predictive of increased problems for the children, as well as reduced self-sufficiency of the teen mother. The teen birth rate in Solano County has been decreasing since 1992 and is now lower than the state, 52 per 1,000 compared to 62, and lower than four of the five counties of similar size.

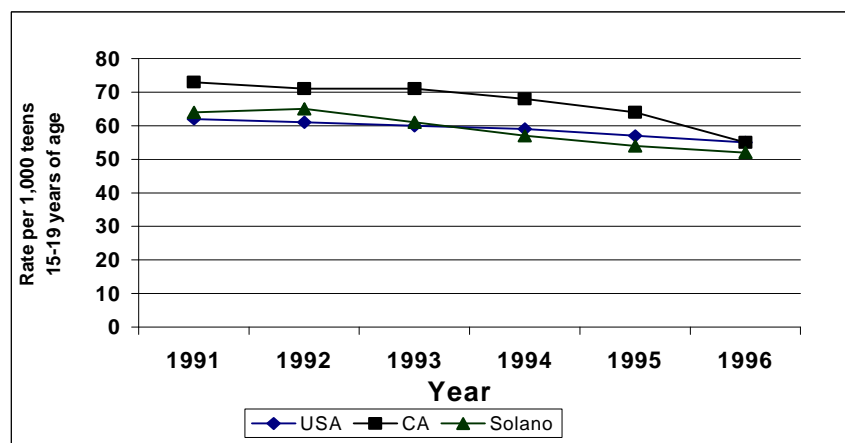
Chart 23
Teen Birth Rate in Solano County 1995-1999



Source: Automated Vital Statistics System (AVSS), 1995-1999. Prepared by Solano County Health and Social Services, Maternal and Child Health Bureau, 2000

Overall, the number/percentage of live births among adolescent residents of Solano County (younger than 20 years of age) has remained steady at 13%, from 1995-1999, with a marginal upward fluctuation to 15% in 1997. Nationwide, teen birth rates are on the decline and have reached the lowest point in decades. In the year 2000, the rate for teenagers age 15-19 was 48.7 (per 1000 teens), a 2% decline from 1999. This same rate shows a 22% decline from 1991 when the rate was 62.1%. The rate for the youngest teen group, ages 10-14 years, remained steady at .9 births per 1000 girls. However, the number of births to this age group is the lowest in thirty years. Solano County continues to have a lower rate than the national average.

Chart 24
Teen Live Birth Rates
Solano County, California, and USA, 1991-1996



Source: Automated Vital Statistics System (AVSS), 1995-1999. Prepared by Solano County Health and Social Services, Maternal and Child Health Bureau, 2000

In 1992, Solano County implemented the Adolescent Family Life Program (AFLP) that provides case management and referral services for 105 pregnant and/or parenting teen residents of Solano County at one time. As a result of this intervention, teens and their babies have improved health, economics, personal circumstances and societal integration and independence. During 1998, 197 teens were served by AFLP. Most (55%) of the participants are 16 and 17 years old. Two-thirds enter the program when they are pregnant. Also of note is that 43% live with a smoker, although 59% have never smoked themselves, while 30% have stopped smoking, according to 1997 data in the MCH Local Action Plan.

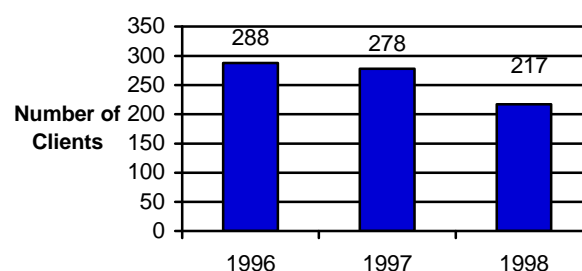
There is also an adolescent sibling pregnancy prevention program targeting siblings of pregnant and/or parenting teens provided through a subcontract with Planned Parenthood.

Decreasing teen pregnancy was among the top four priorities for four of the five groups setting MCH priorities in 1999. The community identified lowering the teen birth rate and providing education and support for teen mothers as a major opportunity.

Perinatal and Parental Substance Abuse

The true prevalence of substance abuse during pregnancy in Solano County is not fully known, as data are difficult to collect prior to, during, and after pregnancy and delivery. The Solano County Health and Social Services Department Substance Abuse Division reported a drop in the number of admissions to alcohol and drug programs for perinatal funded clients, as can be seen in Chart 25.

Chart 25
Perinatal Funded Clients Enrolled in Substance Abuse Program in Solano County, 1996 – 1998



Source: California Alcohol and Drug Data System, 1999.

On average for the three year period, 261 women were enrolled annually in an alcohol/drug rehabilitation program in Solano County. Of these 37% were under 18 years of age. Almost two thirds (58%) reported methamphetamines and marijuana/hash as their main sources of addiction. The majority (94%) of women were not seeking work at the time of admission to program. Most were referred to outpatient substance abuse treatment and recovery programs by the courts. The ethnic distribution of the participants, shown in Table 8, shows that the percentages are fairly constant over the three years.

Table 8
Perinatal Funded Admission to Alcohol/Drug Programs By Ethnicity
in Solano County, 1996 – 1998

Ethnicity	1996		1997		1998	
	#	%	#	%	#	%
Caucasian	130	45.1%	115	41.4%	97	44.7%
African American	90	31.2%	101	36.3%	73	33.6%
Native American	8	2.8%	7	2.5%	4	1.8%
Asian/Pacific Islander	5	1.7%	5	1.8%	11	5.1%
Latino	45	15.6%	43	15.5%	26	12.0%
Other	10	3.9%	7	2.5%	6	2.8%

Source: MCH Local Action Plan, 1999.

Most families function successfully under every day circumstances. However, some children live in families with characteristics that may be considered “high risk.” Families under impoverished, stressful circumstances may be more likely to neglect their children educationally, medically and emotionally due to a lack of basic services.

Substance abuse also affects the care giving of young children: an estimated 10-25% of American children live with an alcoholic parent. Studies have found that these children are at greater risk for developing emotional, social, behavioral, and academic problems than are children of non-alcoholic parents.

Mental illness and substance abuse are related. A very small number of families have parents who are seriously mentally ill, and abuse and neglect of their children are part of their problem. The use of substances in conjunction with a mental health problem such as depression or schizophrenia may increase the child’s risk.

Intervention programs for families in serious crisis are mandated by federal law and usually provided by county child welfare workers if the child is reported for child maltreatment services.

Comparison of Maternal and Child Health (MCH) Indicators Among the Bay Area Counties

When comparing the maternal and child health indicators among the counties around the Bay, it becomes clear that Solano County lags behind the rest in almost every category. As can be seen in Table 9, Solano County has the second highest birth rate among the nine counties, second only to Santa Clara. It has the highest rate of births to teens younger than 15 and to teens 15 – 19. It has the smallest percentage of women entering prenatal care during the first trimester. It has the highest infant death rate, substantially higher than its closest neighbor, Alameda. There are two counties with higher rates of low birth weight, as every county except Napa is above the Healthy People objective of 5%.

Table 9
Comparison of Selected MCH Indicators Among 9 Bay Area Counties, 1996

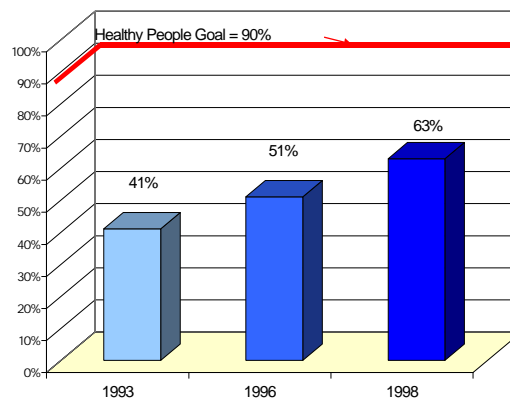
County	Birth Rate Per 1,000	<15 Live Birth Rate Per 1,000	15-19 Live Birth Rate Per 1,000	% 1 st Trimester Entry	Low Birth Weight Rate	Infant Death Rate Per 1,000
Solano	15.6	1.5	52.4	71.0%	6.3	7.1
Alameda	15.1	1.0	46.7	88.9%	7.0	6.0
Contra Costa	14.0	0.9	39.2	83.3%	6.3	5.5
Marin	11.0	0.0	21.1	85.5%	5.6	3.4
Napa	12.7	1.3	43.2	79.5%	3.9	4.6
San Francisco	10.9	1.0	35.7	87.0%	6.7	4.8
San Mateo	14.4	0.6	37.6	85.6%	5.7	4.0
Santa Clara	16.3	1.1	46.0	85.3%	6.0	5.1
Sonoma	13.0	1.1	37.5	89.8%	5.4	4.2

Source: Department of Health Services, *California Maternal and Child Health County Data Book*, January 1999.

Immunizations

Immunization is a measure of access to preventive care. Immunization rates at 2 years of age are measured at kindergarten entrance. The county's immunization rate is increasing. In 1993, only 41% of kindergartners were immunized. In 1996, the countywide immunization rate rose to 51.3%, and it grew again to 62.9% in 1998. However, it is still well below the Healthy People 2000 Objective of 90%.

Chart 26
Immunizations

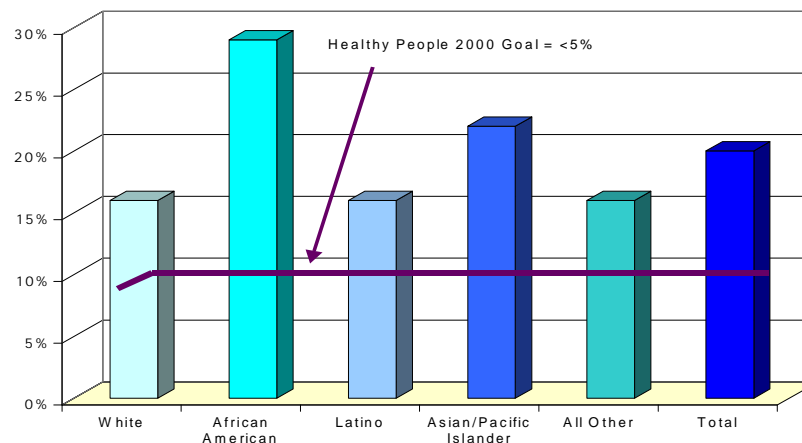


Source: Children's Network of Solano County, *Community Health Indicators for Children*, February, 1999.

More resources for immunizations were among the top health needs identified by participants in the community meetings.

Anemia

Chart 27
Anemia Among Low Income Children



Source: Children's Network of Solano County, *Community Health Indicators for Children*, February, 1999.

Anemia makes children more susceptible to diseases and less able to thrive mentally and physically. Iron deficiency anemia is linked to poor nutrition and is a greater problem among low-income children.

Under Healthy People 2000, it is intended that the incidence of anemia among 1-2 year olds will drop to less than 5%. The goal for 3 and 4 year olds is that the rates of anemia drop to less than 10%. The county is not meeting the Healthy People 2000 objectives for low-income children. Low-income children are eligible for the Child Health and Disability Program (CHDP). Among children screened by CHDP in 1997, 20% were anemic.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program that provides nutrition education, referrals to health and social services programs and coupons for low income pregnant, breastfeeding and non-breastfeeding women, infants and young children under the age of five who are nutritionally vulnerable. In June 1999, the caseload was 9,341 women, infants and children, with an annual target population of over 16,000 eligible women and children.

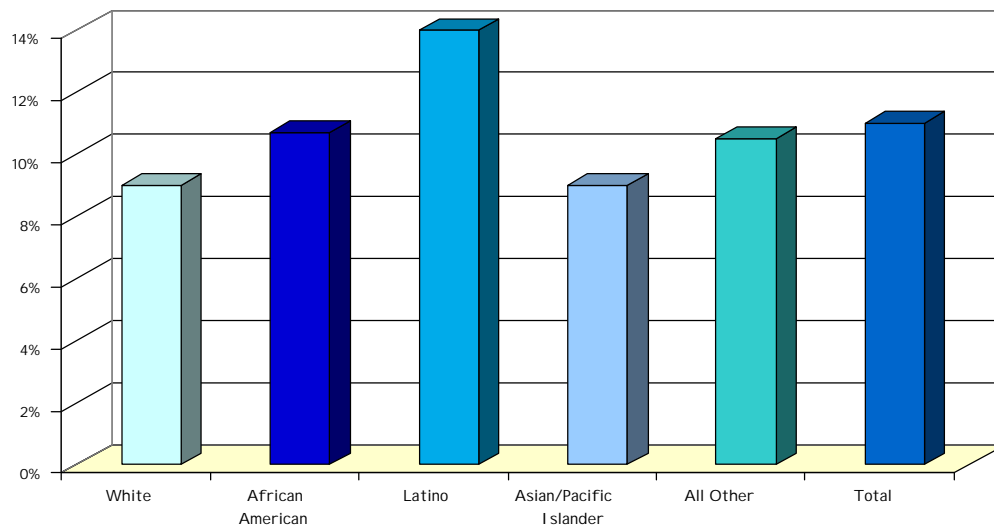
The need for prevention, ongoing health education, and proper nutrition were the second most often mentioned health concerns by participants in the community meetings.

Pediatric Obesity

Obesity in childhood can lead to adult obesity, as well as chronic diseases such as diabetes, heart disease, and cancer. Obesity in children often results from poor nutrition and low activity, although there is also a large genetic component. The national trend is that more and more children are overweight.

These data are based on low-income children who received health exams through the Child Health and Disability Prevention Program (CHDP). However, these figures accurately reflect the overall obesity patterns within the population as a whole.

Chart 28
Pediatric Obesity



Source: Children's Network of Solano County, *Community Health Indicators for Children*, February, 1999.

Oral Health

Oral health in children is a necessary prerequisite to overall health and well-being and should be part of comprehensive primary care. Oral diseases can cause pain, interference with eating, poor self-image, over-use of emergency rooms, and valuable time lost from school and work. Most oral diseases in children are preventable. Dental and gum problems are linked to nutrition and can be minimized through regular preventive dental services. Tooth decay, pain, infection and gum diseases are the most common oral health problems facing California's children. Methods of oral hygiene, such as brushing with fluoride toothpaste and flossing, regular dental visits, application of dental sealants, early detection of oral diseases, and changes in behaviors can eliminate most oral diseases and produce enormous improvements in oral health in both adults and children.

In California, our children are in significantly worse shape than the national trends. In 1993-94, the percentage of 6 – 8 year olds with untreated decay was more than twice as high as the U.S. average for this age group in 1986-87 and 175% higher than the Healthy People 2000 objective for the nation.¹⁷ Whereas other states used to look to California as a trendsetter in public health innovations, especially prevention and health promotion, now California ranks 47th in the nation in percent of the state's population

¹⁷ Jared Fine, *The Oral Health of California's Children: A Neglected Epidemic*. San Rafael, The Dental Health Foundation.

benefiting from fluoridated drinking water.¹⁸ Compared to the Year 2000 goal of 75% of the population, California hovers at 16% while the rest of the nation had reached 62% by 1992.¹⁹ Dental disease is the most common health problem found in low-income children in Solano County (Northern California Council for the Community, 1999).

Smile in Style is a school-based oral health education, state-funded program serving 9,620 school-age children in 342 K-6 classrooms across the county, including Head Start and State pre-schools. The program is intended to reduce the incidence of dental disease. Thirty-two volunteer community dentists and dental hygienists act as “tooth tutors” in the classrooms. The Solano County Health and Social Services Department (SCH&SSD) operates a dental clinic in Fairfield that provides complete dental services, to adults and children. There is a lack of dentists who accept Medi-Cal on a regular basis or offer a low cost payment schedule. The Vacaville Community Clinic, which offered comprehensive dental services, closed in April 2000.

Dental services were identified as a top need by 17% of the parents surveyed and was identified as a health concern in the community meetings.

Mental Health

The SCH&SSD funds a full time staff person to work with the Vallejo school district to work with children in two state preschools on mental health issues. She currently carries a caseload of about 20 children and their parents and siblings. Her assessments have found that children in preschool are already exhibiting communications, attachment, and pervasive development disorders, as well as an increase in violence. She estimates that there are at least 150 children who could benefit from prevention, early intervention and treatment.

Child Haven, a community-based nonprofit agency, specializes in infant mental health and attachment disorders. It serves approximately 200 families per year with mental health issues in young children and contracts with Solano County Mental Health to serve children 0 – 5.

Healthy mental development of children, early intervention for behavior problems and counseling services were identified as health concerns in the community meetings. Among the responses to the surveys, 373 (18%) of the parents surveyed, 11% of the Early Childhood Providers and 6% of the Kindergarten Teachers identified help with family anger as a priority for new and expanded services.

Access to Health Care

Children without health care coverage are three times more likely to have no regular source of medical care. They are less likely to receive regular health care and more likely to be treated through emergency rooms than through a regular doctor.

The UCLA Center for Health Policy Research did an in-depth analysis for the State prior to the implementation of Healthy Families. This study estimates that 46,000 adults and

¹⁸ Fluoridation Census: 1992: Summary, Atlanta, CDC, USDHHS, PHS, 1993.

¹⁹ Ibid.

children are without health coverage in Solano County, and that 10% of the county's children are without insurance, or 3,573 children 0 - 5. This rate is lower than California (17%) and the country as a whole (14%). However, there are no reliable figures for the specific number of uninsured children age 0 through 5 in Solano County.

In July 1998, the Solano Kids Insurance Program (SKIP) was established through the Solano Coalition for Better Health (SCBH) in partnership with the Solano Health Improvement Initiative (SHII) Program to recruit and enroll uninsured children and children with share-of-cost Medi-Cal into Healthy Families. Mirroring a statewide trend, local enrollment in the program through SKIP is slowly increasing as extensive outreach strategies are implemented. It is estimated that 35,000 children from 0 – 18 in the county are eligible for Healthy Families, only 1,153 of whom were enrolled in Healthy Families and 226 in Medi-Cal by May 1999, only 4% of those eligible. The SCH&SSD Children's Health and Disability Program (CHDP) had a target population of approximately 45,983 eligible children in 1998-99, and provided an estimated 14,040 CHDP screenings in the county that year.

Immigrant families are often understandably reluctant to sign up for Medi-Cal or Healthy Families. Another factor that impacts health care coverage is that with the advent of welfare reform and the dramatic drops in caseloads, many families are not aware that Medi-Cal coverage is available even for families who have exited the welfare system. To address these issues, the Health Care for All Coalition of Solano County has grant funding to do outreach to children and families who may be eligible for either Medi-Cal or Healthy Families.

For many immigrant families there is a language barrier when the provider speaks only English. In addition, the cultural and family values on preventive health and on the social roles within the family affect the family's use of available health care services. A provider who understands the family's culture is more likely to be able to engage the family in care. Other low-income families find it difficult to leave work for medical appointments, or difficult to find transportation.

A RAND national study found that private insurance and Medicaid (Medi-Cal) are not interchangeable in their effects on the medical care of children, and that ethnic differences in the use of care persist regardless of family income and type of insurance coverage. Medicaid-covered children in general are more likely to have routine preventive check-ups than children with private insurance or no insurance. However, Caucasian children covered by Medicaid get more attention from the health care system -- both more routine check-ups and more doctor visits for illness – than other children, even if those children are covered by private insurance.

Quality, affordable, and accessible health care was most often mentioned as the top health concern by participants in the community meetings and was identified as a top need by 351 (19%) of the parents surveyed.

Among the survey respondents, 730 (36%) of the parents, 14% of the early childhood providers and 11% of the kindergarten teachers identified easier access to health care services as a priority for new and expanded services.

Solano County Children and Families Commission

Office location:

**2300 Boynton Avenue, Suite 204
Fairfield, CA 94533**

Staff:

Executive Director:

Community Liaison and Projects Coordinator:

Executive Assistant:

Office Manager:

Paul M. Crissey

Louis Souza-Fuentes

Venis Jones Boyd

Julie Pascual

Access numbers:

Phone: (707) 435-2965

Fax:

(707) 435-2964

E-mail: cfcsolano@solanocounty.com

Website: ccfc.ca.gov/solano

The Commission meets the first Tuesday of every month from 6:30 - 9:00 PM in the Multipurpose Room of the Health and Human Services Center, 2101 Courage Drive, Fairfield.

All meetings of the Commission and its Committees are open to the public and subject to the conditions of the Brown Act, which governs meetings of public bodies.



